TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

Plant City Nursery, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70,00 Filing Fee
- \$78.75
- Filing Fee & Certificate
- \$122.50
- \$131.25
- Filing Fee & Certified Copy
- Filing Fee, Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

Daniel Sopko FROM:

****122.50

214 87th Avenue NE

Address

Name (Printed or typed)

St. Petersburg,

FL33702

City, State & Zip

(813) 577-9227

cellular phone (813)421-3832

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Plant City Nursery, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6289 Park Boulevard Pinellas Park, FLorida 33781

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Beverley E. Cline 2793 60th Way North St. Petersburg, FL 3 OI-02-98

St. Petersburg, FL 33710 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Daniel Sopko 214 87th Avenue NE St. Petersburg, FL 33702

ARTI	CLE	VΙ	EFFE	CTIVE	DATE:	1/	2/	9	8

11/18/97

Signature/Incorporator

Date

DANIEL F. SOPKO

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

11-18-97

Date