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**Florida Department of State**

**Division of Corporations**

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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**EAST GLADES NURSERY, INC.**

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
EAST GLADES NURSERY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: EAST GLADES NURSERY, INC.

The principal place of business of this corporation shall be:

16101 S.W. 197th Ave. Miami, Fl 33187

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 Shares \$ 10.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Anthony R. Gomez	16101 S.W. 197th Ave. Miami, Fl 33187
Gregory Gomez	16101 S.W. 197th Ave. Miami, Fl 33187
Ramon A. Gomez	16101 S.W. 197th Ave. Miami, Fl 33187
Noelia Gomez	16101 S.W. 197th Ave. Miami, Fl 33187

Prepared By: Noelia Gomez  
16101 S.W. 197th Ave.  
Miami, Fl 33187  
(305)477-0126

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Noelia Gomez . 16101 S.W. 197th Ave. Miami, Fl 33187

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of September, 1998

Signature(s) of Incorporator(s)

Noelia Gomez  
\_\_\_\_\_  
\_\_\_\_\_

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

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Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

EAST GLADES NURSERY, INC.

2. The name and address of the registered agent and office is:

Noelia Gomez

(P.O. BOX NOT ACCEPTABLE)

16101 S.W. 197th Ave. Miami, FL 33187

(CITY/STATE/ZIP)

SIGNATURE *Noelia Gomez*

TITLE Director

DATE 09/15/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE *Noelia Gomez*

DATE 09/15/98

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