

P990000 25878

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Maday Nursery, Inc.

400002812964--7  
-03/22/99--01014--023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Signature \_\_\_\_\_

Requested by: LS

3/22/99 9:13

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

FILED  
99 MAR 22 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
99 MAR 22 AM 9:44  
DIVISION OF CORPORATION  
CB  
3-22-99  
4

ARTICLES OF INCORPORATION  
OF  
MADAY NURSERY, INC.

FILED  
99 MAR 22 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

MADAY NURSERY, INC.

ARTICLE II - EFFECTIVE DATE

The corporation's existence shall be effective as of the date of the filing of these Articles.

ARTICLE III - PRINCIPAL OFFICE

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

122 Hughes Road  
New Smyrna Beach, FL 32168

ARTICLE IV - CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is One Hundred (100) shares, all of which shall be common shares with a par value of \$1.00 per share.

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Marshall H. Barkin, Attorney  
149-P S. Ridgewood Avenue, Suite 710  
Daytona Beach FL 32114

ARTICLE VI - MANAGEMENT

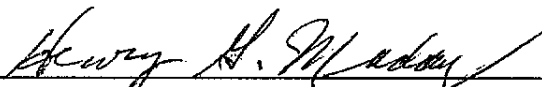
The business of the Corporation shall be managed by its shareholders.

ARTICLE VII - INCORPORATOR

The name and street address of the incorporator is:

Henry G. Maday  
122 Hughes Road  
New Smyrna Beach, FL 32168

IN WITNESS WHEREOF, I have hereunto subscribed my name this  
12<sup>th</sup> day of March, 1999.

  
Henry G. Maday, Incorporator

FILED  
99 MAR 22 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

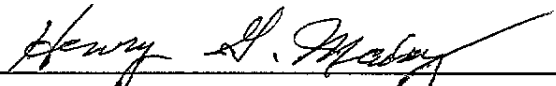
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MADAY NURSERY, INC.

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

Marshall H. Barkin, Attorney  
149-P S. Ridgewood Avenue, Suite 710  
Daytona Beach FL 32114

  
Henry G. Maday, Incorporator

Date: March 12, 1999

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.

  
Marshall H. Barkin

Date: March 12, 1999