CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 50) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 *****78.75 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 Signature Vehicle Search_ Driving Record Requested by: UCC 1 or 3 File_ UCC 11 Search Name Date Time

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ARTICLES OF INCORPORATION

OF Zer 99	-
FLORIDA BLUE NURSERY, INC.) <u>•</u>
ARTICLE I	r
Name	
1.1 The name of the corporation is FLORIDA BLUE NURSERY, INC	· _
<u>ARTICLE II</u>	
<u>Filing Date</u>	
2.1 This corporation shall have perpetual existence commencing on the date of filing of these Articles of Incorporation with the Department of State of Florida.	
ARTICLE III	
Purposes	
3.1 To engage in every aspect of business as it is legal under the laws of the State of Florida.	
3.2 To do everything necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not forbidden under the laws of the State of Florida.	
ARTICLE IV	
Capital Stock	
4.1 This corporation is authorized to issue Ten Thousand (10,000.00) shares of stock of \$ 1.00 par value common stock.	٠,

	ARTICLE V	
Preemptive Rights		
5.1 time of such for the shares	Should the capital stock be increased at any time, the stockholders at the increase shall be entitled to a pro-rata share of such increase upon payment at the price at which the shares are offered to others.	
	ARTICLE VI	
	Initial Registered Office and Agent	
this corporat	The street address and mailing address of the initial registered office of ion is Joseph J. Nolan, and the name of the initial registered agent of this s 1666 Williamsburg Square, Lakeland, Florida 33803.	
<u>ARTICLE VII</u>		
Directors		
7.1	This corporation shall have two (2) directors initially.	
7.2 in accordance	The number of directors may be increased or decreased from time to time with the bylaws, but shall never be less than two (2).	
7.3	The name and address of each initial <u>director</u> of this corporation is:	
	Charles Bass Rout 1, Box 306B Wauchula, Florida 33873 Joseph J. Nolan 1666 Williamsburg Square Lakeland, Florida 33803	
7.4	The principal address of the corporation is:	

1666 Williamsburg Square Lakeland, Florida 33803

Incorporator 8.1 The name of the person signing and the principal address and mailing address of the corporation is: Joseph J. Nolan 1666 Williamsburg Square Lakeland, Florida 33803 ARTICLE IX Indemnification The corporation shall indemnify its officers, directors, and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted. Amendment 10.1 This corporation reserves the right to amend or repeal any provisions contained in these Articles, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on the 28th day of September, 1999. Joseph J. Nolan, Incorporator

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me by Joseph J. Nolan, personally and well known to me or who produced a drivers license as identification and who did not take an oath.

SWORN TO AND SUBSCRIBED before me on this 28th day of September, 1999. My Commission Expires: DIANE DIVINILIAMS Printed Name: Diane L. Williams MY COMMISSION # CC 811839 EXPIRES: February 23, 2003 Bonded Thru Notary Public Underwriters CONSENT OF REGISTERED AGENT Having been named as Registered Agent for FLORIDA BLUE NURSERIES, INC. at the registered office designated in the Articles of Incorporation, the undersigned hereby accepts the designation of Registered Agent. Joseph I Nolan, Registered STATE OF FLORIDA COUNTY OF POLK I HEREBY CERTIFY that the foregoing instrument was acknowledged before me by Joseph J. Nolan, personally and well known to me or who produced a drivers license as identification and who did not take an oath. SWORN TO AND SUBSCRIBED before me this 28th day of September, 1999. My Commission Expires:

Printed Name: Diane L. Williams