Filing and License Fee: \$310.00 minimum

| ID Number: |
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

| _ | | nt to the provisions ation hereby applies by wing statement: | of Section 7-1.2-1405 of the for a Certificate of Authority to | General Laws of Rhode Island, 1956, as amended, the undersigned foreign of transact business in the State of Rhode Island, and for that hurpose submits | | | | | |
|----|---|--|---|--|--|--|--|--|--|
| 1 | . The | name of the corpora | tion is IMPERIAL N | NURSERIES, INC. | | | | | |
| 2 | . Itis i | incorporated under th | ne laws ofDELAWA | ARE | | | | | |
| 3 | The | name, if different, wh | nich it elects to use in Rhode Is | sland is: | | | | | |
| | (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "o "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of o above corporate endings for use in Rhode Island: | | | | | | | | |
| | (b) | If the corporate nar qualify and transac application: | ne is not available in Rhode Is at business in Rhode Island | sland, then set forth below the fictitious name under which the corporation will as stated in the "Fictitious Business Name Statement" to be filed with this – | | | | | |
| 4. | The o | date of its incorporati | on is <u>02-03</u> -1993 | and the period of its duration is PERPETUAL | | | | | |
| 5. | The a | address of its princip | al office in the state or country | y under the laws of which it is incorporated is | | | | | |
| | | | | GRANBY, CT 06035 | | | | | |
| 6. | The a | address of its propos | | Island is 155 South Main Street, Suite 301 | | | | | |
| | | Provider | nce RI | (Street Address, <u>not</u> P.O. Box) | | | | | |
| | | (City/Town) | | 02903 and the name of its proposed registered agent in Rhode Island at ip Code) | | | | | |
| | that a | address is | | C T Corporation System | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | (Name of Agent) | | | | | |
| 7. | The p | ourpose or purposes | which it proposes to pursue in | the transaction of business in Rhode Island are: | | | | | |
| | | | LESALER OF NURSE | | | | | | |
| | | | | | | | | | |
| 8. | (a) Th | ne names and respect which it is incorporate | ctive addresses of its directors red). | s (optional unless directors are required under the laws of the state or country | | | | | |
| | | | <u>Name</u> | <u>Address</u> | | | | | |
| | | ector FRED | ERICK M. DANZIGI | | | | | | |
| | | ector ector | | NEW YORK, NY 10020-2102 | | | | | |
| | | ector | Filtin | | | | | | |
| | | | MAY 2 2 2000 | | | | | | |
| | m No. 1 rised: 1 | | (m 2009 | | | | | | |

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| | y of which it is incorporated) Name | | | | • | | |
|--|--|--|--|---|--|---|--------------------------|
| President | GREGORY M. SCH | IAAN 90 | SALMON | BBOOK | Address STREET | ODANDY | O.T |
| EC Vice President | ANTHONY J. GAL | | DITHION | | SIREEI | GRANBY, | CT 0 |
| VP Treescreen | TAMMY POLLACK | | | SAME SAME | | | |
| VP Serveryx | STEVE FLOWERS | | · · · · · · · · · · · · · · · · · · · | SAME | | | |
| The aggregate num and series, if any, v | nber of shares which it has a vithin a class, is: | uthority to issue, i | itemized by cla | asses, par va | alue of shares, s | shares without pa | ar value, |
| Number of | Sharos | Par Value or S | | | | or Statement tha | Statement that |
| 100 | | ass nmon | <u>Series</u> | | Shares are | <u>without Par Valu</u> | <u>e</u> |
| | | | | | No Par | Value | |
| 0. (a) An estimate o \$ 32,000 | f the value of all property | to be owned by | / the corpora | tion for the | following year, | wherever locate | ed, is |
| | the value of the corporat | | | | | | |
| following year, | wherever located, is | 0 % [div | vide (b) by (a) | and multiply | corporation to by 100 to obtain | be owned durin n the percentage | g the e]. |
| | the gross amount of busi | | | | | | |
| (c) An estimate, excorporation at or be transacted by the percentage]. | respect to the corporation during the form places of business in the corporation during the form of th | of the proportion this state during to following year is | n that the gro | oss amount ear bears to % [divide (b) | of business to the gross amou by (a) and mul | be transacted int thereof which tiply by 100 to | by the will obtain |
| This application is ac of which it is incorpor | companied by a certificate o ated. | f Good Standing i | ssued by the p | oroper office | of the state or | country under th | ne laws |
| This Application for C | ertificate of Authority shall b r the date of this filing | e effective upon f | iling unless a | specified da | te is provided w | hich shall be no | later |
| than the 90 th day afte | · - | | | | | | |
| | | examin anv a | ea this Appl | lication for | Certificate of | affirm that I Authority, incl at all stater | udina |
| | | examin anv a | ed this Applicompanying ed herein are | attachmo | Certificate of ents, and theorrect. | Authority, incl nat all stater | udina |
| , | | any a contain | ed this Applications Applicatio | attachmic true and c | Certificate of ents, and the orrect. | Authority, incl nat all stater | udina |
| , | | any a contain | ed this Applecompanying ed herein are Signature of ANTHONY | attachmic tue and c f Authorize | Certificate of ents, and the orrect. | Authority, inclinat all stater expenses and stater expenses are corporation | udina |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPERIAL NURSERIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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090509868

AUTHENTY CATION: 7316431

DATE: 05-21-09

You may verify this certificate online at corp.delaware.gov/authver.shtml



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

