## N15000008164

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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TALLAHASSEE, FLORING



## **COVER LETTER**

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

SUBJECT: PEACE FUL ACRES FARMS, 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 of

Status

\$78.75

Filing Fee

& Certified Copy

**\$87.50** 

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

1813 WOODRITGE DR.
Address

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: PENEFUL ACRES PARMS, INCL
ARTICLE II PRINCIPAL OFFICE
Principal street address:  Mailing address, if different is:
1813 WOODRINGE IR. K- SAME SE TO
CLEARWATER, FL 33756
RION SO
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: EDUCATE, TRAIN, AND
SUPPORT COMMUNITIES OF ALL AGES AND
ABILITIES IN ORPER TO IMPROVE OVERALL
HEALTH AND WEEL BEING by growing AND
Cating healthy FOODS AND EXERCISE.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS CHIEF OFERATING OFFICER CHIEF FINANCIAL OFFICES
Name and Title: LKVIA (N) HOKVING Name and Title: SIA. SAA ( ) HOLL
Name and Title; TRVIN, W, HORNING Name and Title: SUSAN J. HALL  Address: 1813 WOSDR (DGK: DR. Address: 1813 Wood Cross DR.
Address 1813 WOODRIDGE DR. Address: 1813 WOODRIDGE DR.
Address 1813 WOODRIDGE DR. Address: 1813 WOODRIDGE DR. CLEARWATER, FL 33756 CLEARWATER, FL 33756
Address 1813 WOODRIDGE DR. Address: 1813 WOODRIDGE DR.  CLEARWATER, FL 33756  Name and Title:  Name and Title:
Address 1813 WOODRIDGE DR. Address: 1813 WOODRIDGE DR. CLEARWATER, FL 33756 CLEARWATER, FL 33756

Name and Title:	Name and Title:
Address	Address:
Name and Title:  Address	Name and Title:  Address:
Name and Title:  Address	Name and Title:  Address:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT accelled Support 1997)  Address:    Support   Support	DOL DR. PL 93756  HALL  BALL  BALL
Required Signature of Registered  I submit this document and affirm that the facts stated here	Agent Date  Date  Date  Date  Date  Date
to the Department of State constitutes a third degree felony Required Signature of Incor	11/2015