

P19000076480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

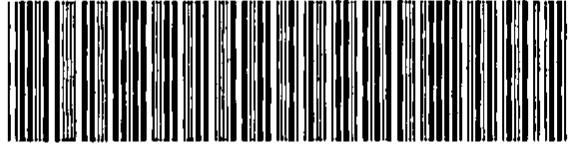
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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2019 SEP 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Office Use Only

W19000082724

OCT 11 2019

F. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2019

SEAN WOLFER
5200 SW 61ST AVE
DAVIE, FL 33314

SUBJECT: CONTINETAL GROWERS
Ref. Number: W19000082724

We have received your document for CONTINETAL GROWERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Shares whole numbers no percent signs.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 719A00018814

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Continental Growers Corp
(PROPOSED CORPORATE NAME MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Sean Wolfer
Name (Printed or typed)

5200 SW 61st Ave
Address

Davie FL 33314
City, State & Zip

954-581-3555
Daytime Telephone number

sharon.wolferlandscape@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Continental Growers Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5310 SW. 61st Ave
Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Continental Growers is a
nursery growing plants + small trees.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Wolfer president Name and Title: _____

Address 5200 SW 61st Ave Address: _____
Davie, FL 33314

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2019 SEP 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sean Wolfer
Address: 5200 SW 61st Ave
Davie FL 33314

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sean Wolfer
Address: 5200 SW 61st Ave
Davie FL 33314

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

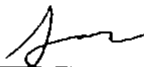


Required Signature/Registered Agent

8/27/19

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8/27/19

Date