

NO8000001147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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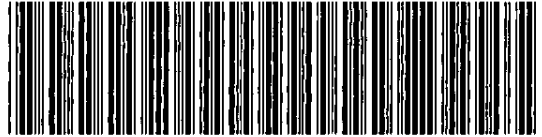
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 10 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: CitySprout, 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

FROM: Cash S. McVay
Name (Printed or typed)

139 Washington Street
Address

St. Augustine, FL 32084
City, State & Zip

(904) 826-3543
Daytime Telephone number

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

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I NAME

The name of the corporation shall be:

CitySprout, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

139 Washington Street, St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create a network of community gardens and other related programs for the community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

One (1) officer appointed.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Cash S. McVay, 139 Washington Street, St. Augustine, FL 32084, ~~President~~ Managing Member

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cash S. McVay, 139 Washington Street, St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

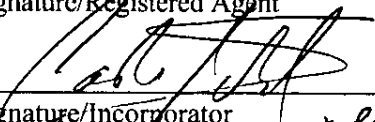
The name and address of the Incorporator is:

Cash S. McVay, 139 Washington Street, St. Augustine, FL 32084

Article VIII Effective date shall be January 1, 2009

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.

Signature/Registered Agent



Date

12/8/08

Signature/Incorporator

& Registered Agent

Date