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(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	⇒ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only

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OF STATE OF





COVER LETTER

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

SUBJECT:	PLOW 1: 27,				
	(PROPOSED CORPORATE				
\$70.00 Filing Fee	and one (1) copy of the Artic \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Tra Galloway Name (Printed of typed)					
1411 Myrtle Rd Address					
Westville FL 32464 City, State & Zip					
$\Omega_{C_{n}}$ $\Omega_{C_{1}}$ $E_{h}E_{h}$					

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

Irasusan 5011@ reagan.com E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: PLOW 1	: 27, Inc.		
ARTICLE II PRINCIPAL OFFICE			
Principal <u>street</u> address: 1411 Myrtle Road	Mailing address, if different is:		
Westville, FL 32464			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	see attached Exhibit A		
		Na	
Appointed by Officers	manner in which the directors are elected and appointed:		
ARTICLE V INITIAL OFFICERS AND/OR D	DIRECTORS		
Name and Title Ira L. Galloway, President Address	Name and Title: Address:		
1411 Myrtle Rd.			
Name and Title: Susan B. Galloway Treasurer Secretary		7.1	
Address 1411 Myrtle Rd.	Address:	1 436	
Westville, FL 3240	Name and Title:	NJ 1	
Name and Title: Girger (offrell, Address	Name and Title:	3:41	1-
317 Hayden Rd. Ap	pt. 18		
Tallahassee, FL	3,304		

Name and Title:	Name and Title:	•
Address	Address:	
. —————————————————————————————————————		
Name and Title:		· -
Address	Address:	-
		•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:	;***g
Name: Ira L. Galloway		
Address: 1411 Myrtle Rd. Westville, FL 3a	464	
VVESTVITE, I E SA	147	
ARTICLE VII INCORPORATOR		ŞM E
The <u>name and address</u> of the Incorporator is: Name: Susan B. Gallov	vay	
Address: 1411 Myrtle Rd.		·
Westville, LL 3	2464	;
Having been named as registered agent to accept service (certificate, I am familiar with and accept the appointment a		designated in this
Dra Ballow	9-11-1	4
Required Signature of Registered I submit this document and affirm that the facts stated here	in are true. I am aware that any false information submi	tted in a document
to the Department of State constitutes a third degree felony	as provided for in s.817.155, F.S.	
SUSANB. Balloway Required Signature of theory	9-11-14 porator Date	4

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY THE COURT OF COMMON PLEAS OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.