

N21000010808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

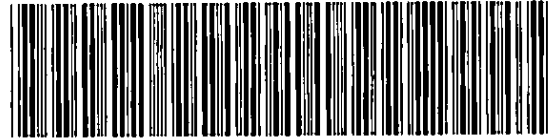
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Masimore Orchard 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: Joy Bolton Herring
Name (Printed or typed)

P.O. Box 13012
Address

Tallahassee, FL, 32317
City, State & Zip

18501567-7566
Daytime Telephone number

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Masimore Orchard Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1045 Freeman Road
Lamont, FL 32336

Mailing address, if different is:

P.O. Box 13012
Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

give all organic produce & fruit to
Jefferson County residents

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

res - owns property & operates

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charlie Randall, VP Name and Title: - Glenn Masimore

Address: 11, 6471 Address: 1045 Freeman Rd.
Waukeenan Hwy
Monticello, FL 32341
Lamont, FL 32336
President

Name and Title: Joy Bolton Herring Name and Title:

Address: Sec. & Treas. Address:
P.O. Box 13012
Tallahassee, FL 32317

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Joy Bolton Herring

Address: 1045 Freeman Rd
Lamont, FL, 32336

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joy Bolton Herring

Address: P.O. Box 13012
Tallahassee, FL 32317

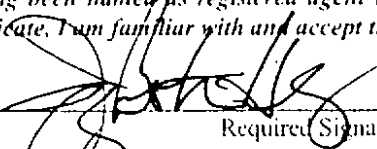
ARTICLE VIII EFFECTIVE DATE:

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.)

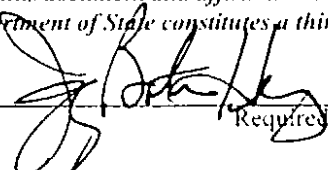
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

Date