

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 3000
Tallahassee, FL 32304

POW 29583

SUBJECT: SEED, TIME & Harvest Inc.
(Proposed corporate name - must include suffix)

000003174220--8
-03/17/00--01067--008
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

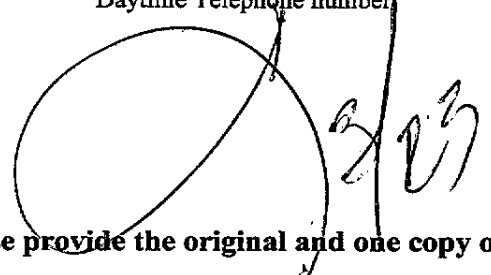
FROM: Kent T. Allen
Name (Printed or typed)

1801 Hill St
Address

New Smyrna Beach Fla 32909
City, State & Zip

904-405-5368
Daytime Telephone number

00 MAR 17 PM 2:46
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SEED, Time and Harvest INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1801 Hill St
New Smyrna Beach Fla 32169

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kent T Allen
1801 Hill St
New Smyrna Beach Fla 32169

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kent T Allen
1801 Hill St
New Smyrna Beach Fla 32169



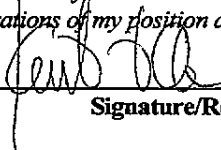
Signature/Incorporator

3-15-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

3-15-00

Date

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00 MAR 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA