

TRANSMITTAL LETTER

P000000056670

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

SUBJECT: Pilkington Orchids, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003277203--7

-06/06/00--01005--015

Enclosed is an original and one(1) copy of the articles of incorporation and a check for *****70.00 *****70.00

☒ \$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: Jeffrey J. Pilkington c/o
Skilliter Accounting Services, Inc.
Name (Printed or typed)

7411 Country TRail
Address

Holland OH 43528
City, State & Zip

(419) 868-6338
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 JUN -5 AM 9:53

FILED

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

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2000 JUN -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Pilkington Orchids, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

34650 SW 212 Ave
Homestead, FL 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Horticultural Advancement

ARTICLE IV SHARES

The number of shares of stock is:
100 common

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Jeffrey J. Pilkington, President
Sharon M. Skilliter, Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jeffrey J. Pilkington
34650 SW 212 Ave.
HOMestead, FL 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey J. Pilkington
34650 SW 212 Ave
HOMestead, FL 33034

Effective Date 6/1/00

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

Signature/Incorporator

Date