

P00000064053



ACCOUNT NO. : 072100000032
REFERENCE : 749959 7131188
AUTHORIZATION : *Patricia Pyjunt*
COST LIMIT : \$ 70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 29 PM 3:38

ORDER DATE : June 29, 2000
ORDER TIME : 2:56 PM
ORDER NO. : 749959-005
CUSTOMER NO: 7131188
CUSTOMER: Ms. Cheryl S. Black
Thomas H. Warlick, P.A.
316 E. Pine Street
Orlando, FL 32801

300003309353-1-2

DOMESTIC FILING

NAME: SLONE RIDGE NURSERIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - EXT. 1115
EXAMINER'S INITIALS:

RECEIVED
00 JUN 29 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*W-16698
P# 6/30/00*



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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 30, 2000

CSC NETWORKS

RESUBMIT
Please give original
submission date as file date.

SUBJECT: SLONE RIDGE NURSERIES, INC.
Ref. Number: W00000016698

We have received your document for SLONE RIDGE NURSERIES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

Please delete "a Florida corporation" from the corporate name.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 100A00036950

"a Florida Corporation" is not
the corporate name.

RECEIVED
00 JUN 30 PM 3:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
SLONE RIDGE NURSERIES, INC. a Florida corporation**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 29 PM 3: 38

The undersigned incorporator to this Articles of Incorporation, a natural person competent to contract, hereby forms a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME OF CORPORATION

The name of this corporation shall be **SLONE RIDGE NURSERIES, INC. a Florida corporation.**

ARTICLE II - DURATION

This corporation shall exist perpetually.

ARTICLE III - INITIAL PRINCIPAL OFFICE

The initial principal office of the Corporation shall be located at 400 State Road 50, Groveland, Florida 34736.

ARTICLE IV - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business purposes.

ARTICLE V - CAPITAL STOCK

A. The maximum number of shares of capital stock that this corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock having a par value of \$10.00 per share, which may be fractional shares.

B. All or any portion of the capital stock may be issued in payment for real or personal property, services, or any other right or thing having a value, in the judgment of the Board of Directors, at least equivalent to the full value of the stock so to be issued as hereinabove

set forth, and when so issued shall become and be fully paid and non-assessable, the same as though paid for in cash; and the directors shall be the sole judges of the value of any property, right or thing acquired in exchange for capital stock, and their judgment of such value shall be conclusive.

C. Notwithstanding the foregoing, the corporation shall have the right to increase its capital stock either with or without par value, and to provide in the event of such increase the designations, preferences, voting powers or restrictions, or qualification of voting powers, of such additional stock, in an amendment to its Certificate of Incorporation.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation shall be 400 State Road 50, Groveland, Florida 34736.

The name of the initial registered agent of this corporation at that address shall be Dave M. Sloan.

ARTICLE VII - INITIAL DIRECTORS AND OFFICERS

The names and street address of the initial members of the Board of Directors and Officers, each to hold office for the first year in existence of this corporation or until their successors are elected or appointed and have qualified are:

<u>Name</u>	<u>Street Address</u>	<u>Office</u>
Dave M. Sloan	400 State Road 50 Groveland, Florida 34736	P/D
David R. Black	230 Sloan Ridge Road Groveland, Florida 34736	VP/D
Katherine R. Black	230 Sloan Ridge Road Groveland, Florida 34736	T

Angela Elliston

400 State Road 50
Groveland, Florida 34736

S

ARTICLE VIII - INCORPORATOR

The following is the name and street address of the Incorporator to these Articles of Incorporation:

Dave M. Sloan
400 State Road 50
Groveland, Florida 34736

ARTICLE IX - PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without the issuance of fractional shares) at the price at which it is offered to others, which price, in the case of par value shares, may be in excess of par.


ARTICLE X - BUY-SELL AGREEMENT

The stock to be issued by this corporation shall be subject to a buy-sell agreement whereby each stockholder shall have the right of first refusal to purchase his pro rata share of any stock to be sold by an existing stockholder.

ARTICLE XI - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ___ day of June, 2000.




DAVE M. SLOAN (SEAL)
Incorporator

STATE OF FLORIDA
COUNTY OF LAKE


I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments in the State and County aforesaid, personally appeared DAVE M. SLOAN, to me known or provided _____ as identification, to be the person described as the incorporator in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of June, 2000.

(SEAL)



Notary Public
My commission expires:

 Dawn Shaffer
My Commission CC664964
Expires July 20, 2001

FILED STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 29 PM 3:38

**CERTIFICATE DESIGNATING PLACE OF REGISTERED OFFICE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING REGISTERED AGENT UPON WHICH
PROCESS MAY BE SERVED**

PURSUANT to Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

THAT, SLONE RIDGE NURSERIES, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation in the City of Groveland, County of Lake, State of Florida, has named as its Registered Agent, Dave M. Sloan, City of Groveland, County of Lake, State of Florida, to accept service of process within this State.

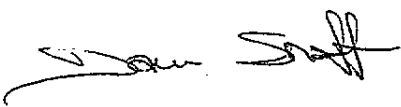
ACKNOWLEDGMENT


Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.



DAVE M. SLOAN

6/23/00



 Dawn Shaffer
My Commission CC664964
Expires July 20, 2001