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FILED

TRANSMITTAL LETTER

01 MAY 29 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400004326214--2
-05/29/01--01145--004
*****78.75 *****78.75

SUBJECT: NATURE'S KEEPER OF MARTIN COUNTY 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: CARL JUSTI
Name (Printed or typed)

6300 MARKEL STREET
Address

PALM CITY FL 34990
City, State & Zip

561-221-1276
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
NATURE'S KEEPER OF MARTIN COUNTY INC.

ARTICLES II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:
26300 MARTEL STREET
PALM CITY FL 34990

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

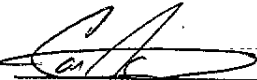
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED AGENT IS:

CARL JUSTI
6300 MARKEL ST
PALM CITY FL 34990

ARTICLE V NAME OF INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:

CARL JUSTI
6300 MARKEL STREET
PALM CITY FL 34990




SIGNATURE / INCORPORATOR

5-23-01
DATE

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 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.

FILED


SIGNATURE / REGISTERED AGENT

5-23-01
DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA