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P.D. Box 6327	tion Contraction Contra	
Tallahassee, FL 32	314	
SUBJECT: K	ucksmill Far	ms III Corporation
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed is an origi	nal and one(1) copy of the artic	les of incorporation and a check for :
STO.00 Filing Fee	₽ \$78.75 Filing Fee	\$78.75   \$87.50     Filing Fee   Filing Fee,
Filing Fee	& Certificate of Status	& Certified Copy & Certificate of
		Status ADDITIONAL COPY REQUIRED
	Tous R	UTON
FROM	1: <u>JOHN 'N.</u> Name (	Printed or typed)
	PO Box	3000044652433   -07/03/0101113003   Address   ******78.75
	STUART City	- L <u>34995</u> 7, State & Zip
	<u>(800) 225- 2</u>	2976
	Dayume	Telephone number
		TALL 0
		SECRETARY OF STATE ALLAHASSEE, FLORIDA
	NOTE: Please provide the c	original and one copy of the articles. $S_{EE}^{TAR} \rightarrow P_{ED}^{TAR}$
		T. SMITH JUL 1 1 2001
		T. SMITH JUL I I BUT

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) <u>ARTICLE I</u> NAME The name of the corporation shall be: Orporation -Arms III Kucksmill ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 10301 SW FOX BROWN ROAD MAILING ADDRESS TNDIANTOWN 34596 FL 34995 STUART PURPOSE <u>ARTICLE III</u> The purpose for which the corporation is organized is: HGRICULTURE / FArming ARTICLE IV SHARES The number of shares of stock is: SHARES 100 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): JOHN R. LITON REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: UTON 10HN Sheer 4 36 SW 543 FL 34990 FALM CITY INCORPORATOR ARTICLE VII The name and address of the Incorporator is: K UTON OHN 31 5TREET ≤w 543 City FI 34990 (ALM \*\*\*\*\* Having been named as refistered agent to accept service of process for the above stated corporation at the place designated in this with and accept the appointment as registered agent and agree to act in this capacity certificate, I am/familfar -200 Date Signature -3-2001 Date Signature Srnorat