Division of Comprations 1000105414

Florida Department of State

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To:

Division of Corporations

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From:

: HUBCO Account Name

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Uncle Mike's Hug-N-Farm Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Uncle Mike's Hug-N-Farm Inc.

ARTICLE II PRINCIPAL OFFICE

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

Uncle Mike's Hug-N-Farm Inc.

Rt 2, Box 448 Lake Butler, FL 32054

ARTICLE III SHARES

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

1000 Shares at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Suzanne Denise Brooks Rt 2, Box 448

Lake Butler, FL 32054

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ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Suzanne Denise Brooks Rt 2, Box 448 Lake Butler, FL 32054

Michael Fish Brooks Rt 2, Box 448 Lake Butler, FL 32054

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29th day of October 2001.

Suzanne Denise Brooks - Signature

Michael Fish Brooks - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Uncle Mike's Hug-N	-Farm Inc.	
i. The name of the corporation			
	1 1 55 1-		
2. The name and address of the registe	ered agent and office is:		
	Suzanne Denise Brooks		
	Name	:	-
	Rt 2, Box 448		
	(P.O. Box or Mail Drop I	Box NOT Acceptable)	
	Lake Butler, FL 32054		
	(City / State)	· Δip)	
corporation at the place designated agent and agree to act in this capa relating to the proper and complete obligations of my position as registered.	city. I further agree to comply w e performance of my duties, and	ith the provisions of all the s	tatutes
Onigunous of my position and ogain			O DIN
			100 1500 1500 1500
			ASION OF C
			CORPO
			OR AL
			27
Augunt Denies 1	Restor	October 29, 2001	
Suzanne Denise Brooks		(Date)	- -
SIGNATURE	<u>.</u>	<u> </u>	