

Pd 000116356

TRANSMITTAL LETTER

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01 DEC -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-12/06/01--01066--004
*****87.50 *****87.50

SUBJECT: GeBaide Trees, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Jeannette S. GeBaide
Name (Printed or typed)

16250 S.W. 20th Avenue Road
Address

Ocala, Florida 34473
City, State & Zip

(352) 245-5429
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GeBaide Trees, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16250 S.W. 20th Avenue Road, Ocala, Florida 34473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To grow & sell woody ornamentals

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Jeannette GeBaide, President & Treasurer
John E. GeBaide, Vice-President & Secretary

ARTICLE VI REGISTERED AGENT

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

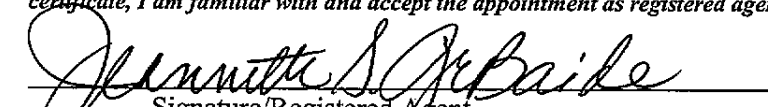
Jeannette GeBaide
16250 S.W. 20th Avenue Road
Ocala, Florida 34473

ARTICLE VII INCORPORATOR

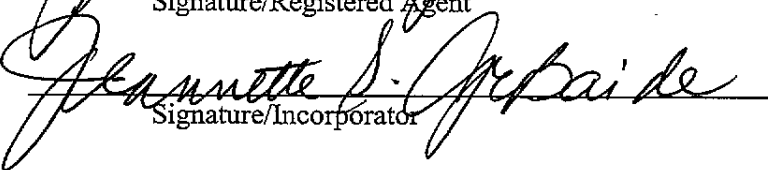
The name and address of the Incorporator is:

Jeannette GeBaide
16250 S.W. 20th Avenue Road
Ocala, Florida 34473

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