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DIVISION OF CORPORATIONS
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: CYCLE OF LIFE PRODUCTS 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

D.R. JACOBS

Name (Printed or typed)

222 TOWLES AVE

Address

CRAWFORDVILLE, FLA 32326

City, State & Zip

1-850-847-9305

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Cycle of Life Products Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Box 248-1854-A Hendersonville, Asheville, N.C.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL ACTIVITIES/WAGLEDALE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

N/A

ARTICLE VI REGISTERED AGENT

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

D. R. JACOBS. 224 TOWLES LANE. CRAWFORDVILLE, FLA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

D. R. JACOBS 224 TOWLES LANE CRAWFORDVILLE, FLA

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

10/23/2002

Signature/Incorporator

Date

10/23/2002

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