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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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TRANSMITTAL LETTER

FILED 2003 FEB 24 PM 4: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	_
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	ROBERT F. STRELOW,	JR. (Printed or typed)		7 (3 (9 k) k)
	282 STRELOW FARMS	, ,		
	MONTICELLO, FL 32344 City, State & Zip			
	850/997-0303	Telephone number		- 3
	Jayame			

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

STRELOW FARMS, INC.

2003 FEB 24 PM 4: 14 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

282 STRELOW FARMS ROAD MONTICELLO, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL SALES AND OTHER BUSINESS VENTURES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ROBERT F. STRELOW, JR. 282 STRELOW FARMS ROAD MONTICELLO, FL 32344

ARTICLE VI REGISTERED AGENT

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

ROBERT F. STRELOW, JR. 282 STRELOW FARMS ROAD MONTICELLO, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT F. STRELOW, JR. 282 STRELOW FARMS ROAD MONTICELLO. FL 32344

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************	************
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a	the above stated corporation at the place designated in this gent and agree to act in this capacity
Kalitat Start	
Signature/Registered Agent/	Date
Rober 7 Str	
Signature/Incorporator	Date