

P03000026593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

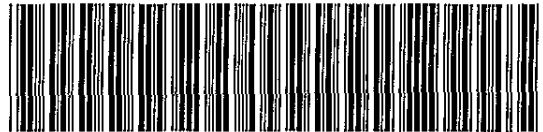
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAR -4 PM 12:07

F. CHESLER

MAR .5

TRANSMITTAL LETTER

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

SUBJECT: herban sprawl, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Amanda Dean
Name (Printed or typed)

309 SW 16th Ave #120
Address

Gainesville, FL 32601
City, State & Zip

(352) 373-8038
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:

herban sprawl, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

309 SW 16th Ave #120
Gainesville, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

n/a

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):

Director, President, secretary, treasurer
Amanda Dean
309 SW 16th Ave #120
Gainesville, FL 32601

Vice-President, Director
Allison Pflaum
129 Timberline Dr.
Port Lavaca, TX 77979

ARTICLE VI REGISTERED AGENT

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

Amanda Dean
309 SW 16th Ave. #120
Gainesville, FL 32601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Amanda Dean
309 SW 16th Ave. #120
Gainesville, FL 32601

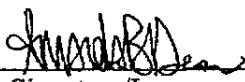
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent Amanda Dean

3/1/03

Date



Signature/Incorporator Amanda Dean

3/1/03

Date

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
03 MAR -4 PM 12:01