

PG30000 36172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200014405002

03/31/03--01017--012 \*\*78.75

FILED RECEIVED  
03 MAR 31 AM 9:45  
03 MAR 31 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CORPORATIONS  
TALLAHASSEE, FLORIDA

APR 01 2003

Charter Number Only

3/28/03 Linda

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Boynton Beach Farms, Inc.

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

 Empire Toll Free: 1-800-432-3028

**ALAN S. ZANGEN, P.A.**

**ATTORNEY AT LAW**

**ALAN S. ZANGEN\***

\* MEMBER FLORIDA BAR, NEW YORK BAR  
AND ILLINOIS BAR

WELLINGTON CORPORATE CENTER  
1200 CORPORATE CENTER WAY  
SUITE 201  
WELLINGTON, FLORIDA 33414

TELEPHONE (561) 793-2400  
FACSIMILE (561) 753-9966

March 26, 2003

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
The Capitol Building, Room 2001  
Tallahassee, Florida 32314

**Re: Boynton Beach Farms, Inc.**

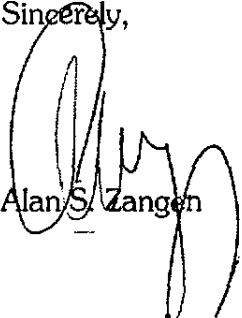
Dear Sir or Madam:

Enclosed please find an original and two (2) copies of the Articles of Incorporation of the above-referenced corporation, and Certificate of Registered Agent for the above referenced corporation.

Additionally, enclosed is my check number 7764, in the amount of \$78.75, representing the cost of incorporating. Please forward a conformed copy of the Articles to the attention of the undersigned.

Thank you for your prompt attention to this matter.

Sincerely,

  
Alan S. Zangen

ASZ:dz  
Enclosures:

WPDocs\Corporations\Hauter,Robert\SecState.ltr

FILED  
03 MAR 31 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
BOYNTON BEACH FARMS, INC.**

**THE UNDERSIGNED**, for the purposes of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

**ARTICLE ONE:** The name of the corporation is BOYNTON BEACH FARMS, INC.

**ARTICLE TWO:** The duration of the corporation is perpetual.

**ARTICLE THREE:** The general purpose for which the corporation is organized is to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act or engage in any trade or business for any lawful purpose.

**ARTICLE FOUR:** The aggregate number of shares which the corporation is authorized to issue is ONE HUNDRED (100). Such shares shall be of single class, and shall have a par value of No and ten/one hundredths (\$0.10) Dollar per share.

**ARTICLE FIVE:** The street address of the initial principal office of the corporation is 4573 Mariner's Cove Drive, Wellington, Florida 33467, and the name of its initial registered agent is MAUREEN McKEON, at the same address.

**ARTICLE SIX:** The number of directors constituting the initial board of directors of the corporation is two (2). The name and address of the persons who are to serve as member of the initial board of directors are:

ROBERT HAUTER  
4573 Mariner's Cove Drive  
Wellington, FL 33467

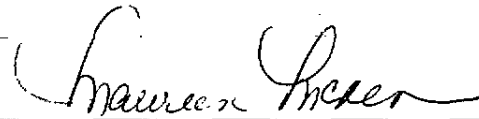
MAUREEN McKEON  
4573 Mariner's Cove Drive  
Wellington, FL 33467

**ARTICLE SEVEN:** The name and address of the incorporator is:

MAUREEN McKEON  
4573 Mariner's Cove Drive  
Wellington, FL 33467

**ARTICLE EIGHT:** The Articles of Incorporation may be amended in the manner provided by law.

EXECUTED by the undersigned at West Palm Beach, Florida, this 26th day of March, 2003.



MAUREEN McKEON

STATE OF FLORIDA  
COUNTY OF PALM BEACH

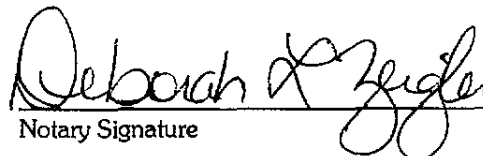
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared MAUREEN McKEON, who

☒ is personally known to me, or

☐ has produced \_\_\_\_\_ as identification

and who, being duly sworn, executed the foregoing instrument and acknowledged before me that she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 26th day of March, 2003.

  
Notary Signature

Printed name &

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

THAT BOYNTON BEACH FARMS, INC., DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT 4573 MARINER'S COVE DRIVE, WELLINGTON, STATE OF FLORIDA, 33467, HAS NAMED MAUREEN McKEON, 4573 MARINER'S COVE DRIVE, WELLINGTON, STATE OF FLORIDA, 33467,, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

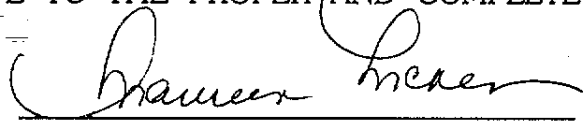


MAUREEN McKEON  
INCORPORATOR

DATE: MARCH 26, 2003

**ACKNOWLEDGMENT OF REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER (AND COMPLETE PERFORMANCE OF MY DUTIES.



MAUREEN McKEON  
REGISTERED AGENT

DATE: MARCH 26, 2003

FILED  
03 MAR 31 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA