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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS 10/8/08

**TRANSMITTAL LETTER**

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

**SUBJECT: CSL FARMS, INC.**

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

**\$ 78.75**

Filing Fee & Certificate of Status

From: **CALVIN S. LEE  
P. O. BOX 929  
ALVA, FL 33920**

**PHONE NUMBER (863) 673-1378**

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

**CSL FARMS, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Mailing Address:

**P. O. BOX 929  
ALVA, FL 33920**

Physical Address:

**415 KIRBY THOMPSON RD.  
LABELLE, FL 33935**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**500 Shares - No Par Common Value**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mailing Address:

**CALVIN S. LEE  
P. O. BOX 929  
ALVA, FL 33920**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Physical Address:

**CALVIN S. LEE  
415 KIRBY THOMPSON RD.  
LABELLE, FL 33935**

**ARTICLE V PURPOSE**

The purpose for which the corporation is organized is:

**FARMING**

**ARTICLE VI INCORPORATORS**

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

**CALVIN S. LEE, President/Secretary**

Mailing Address:

**P. O. BOX 929  
ALVA, FL 33920**

Physical Address:

**415 KIRBY THOMPSON RD.  
LABELLE, FL 33935**

The undersigned incorporator(s) has(have) executed these articles of Incorporation this

26<sup>TH</sup> day of SEPTEMBER, 2003

Calvin S. Lee P/T/S  
Signature and Title

9/26/03  
Date

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the state of Florida.

1. The name of the corporation is:

**CSL FARMS, INC.**

2. The Name and address of the registered agent and office is:

**CALVIN S. LEE**

Mailing Address:

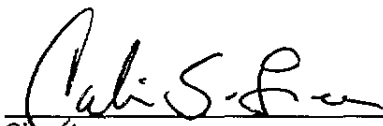
**P. O. BOX 929  
ALVA, FL 33920**

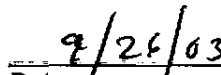
Physical Address:

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LABELLE, FL 33935**

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date