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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

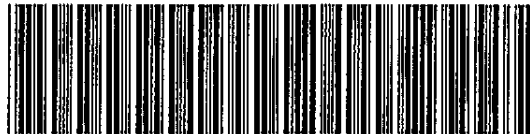
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05 JUN 16 PM 2:13

J. Shivers JUN 16 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** A. L WARFIELD 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  
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:** AMY L WARFIELD

Name (Printed or typed)

P. O. BOX 313

Address

OKAHUMPKA, FL 34762

City, State & Zip

352-638-9189

Daytime Telephone number

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

05 JUN 16 PM 3:19  
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46-2-28-1  
46-2-28-1

## 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:

A. L. WARFIELD INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. BOX 313  
OKAHUMPKA, FL. 34762

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RAISE AND BREED CATTLE TO SALE

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

AMY L. WARFIELD PRESIDENT AND SECRETARY  
P. O. BOX 313  
OKAHUMPKA, FL. 34762

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

AMY L. WARFIELD  
1740 HWY 48  
GROVELAND, FL. 34736


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

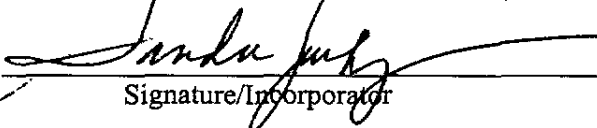
SANDRA GUCKENBERGER  
3920 BRITT ROAD  
MOUNT DORA, FL. 32757

\*\*\*\*\*

*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

  
Signature/Incorporator

6-14-05  
Date

05 JUN 16 PM 3:15