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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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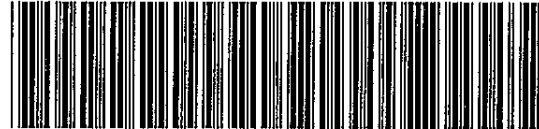
(Business Entity Name)

(Document Number)

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

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05 AUG 22 AM 8:16

SECRETARY OF STATE  
CORPORATE AFFAIRS

J. Shivers AUG 28 2005

## TRANSMITTAL LETTER

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

SUBJECT: Starlight Farms, 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: Frederick P. Wetmore Jr.  
Name (Printed or typed)

P.O. Box 677126  
Address

Orlando, FL 32867  
City, State & Zip

407-616-5811, 407-928-2137.  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

Starlight Farms, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

mailling address: PO BOX 677126, Orlando, FL 32867

Place of Business address: 904 Ponchos Lane, Christmas, FL 32709

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in construction and boarding services

## ARTICLE IV SHARES

The number of shares of stock is:

100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Frederick P. Wetmore Jr., PO BOX 677126, Orlando, FL 32867, President

## ARTICLE VI REGISTERED AGENT

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

Frederick P. Wetmore Jr., President, 904 Ponchos Lane, Christmas, FL 32709

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Myron Davis, 914 Spring Island Way, Orlando, FL 32828

\*\*\*\*\*

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

8/12/05  
Date

  
Signature/Incorporator

8/12/05  
Date

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SECRETARY OF STATE  
TAMM HALL  
TALLAHASSEE, FLORIDA