# P0600009035

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | idress)            |                 |
| (Ad                     | idress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>2</del> #) |
| PICK-UP                 | WAIT               | MAIL MAIL       |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | cument Number)     |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



700065655207

0.714/06--01019--002 \*\*70.00

O6 FEB 27 AH 9: 13

WOb-7182

M. Mickinight MAR 0 1 2006

# **COVER LETTER**

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

| SUBJECT: GARRISON NURSERY, INC                       | C                          |                                 |
|--|----------------------------|---------------------------------|
| (PROPOSED CORPORA                                    | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)                     |
|  |                            |                                 |
|  |                            |                                 |
| Enclosed are an original and one (1) copy of the art | icles of incorporation and | d a check for:                  |
| \$70.00 \$78.75 Filing Fee Filing Fee                | \$78.75 Filing Fee         | \$87.50<br>Filing Fee,          |
| & Certificate of Status                              | & Certified Copy           | Certified Copy & Certificate of |
|  | ADDITIONAL CO              | Status OPY REQUIRED             |
|  |                            | 1.55                            |
|  |                            |                                 |
| FROM: Mr. Joe Garrison                               |                            |                                 |
| Name   | (Printed or typed)         |                                 |
| Post Office Box 510                                  |                            |                                 |
|  | Address                    |                                 |
| Dundee, Florida 33838                                |                            |                                 |
| City   | , State & Zip              | <del></del>                     |
| 863-439-6550   |                            |                                 |
| Daytime '  | relephone number           | <del></del>                     |

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2006

JOE GARRISON PO BOX 510 DUNDEE, FL 33838

SUBJECT: GARRISON NURSERY, INC.

Ref. Number: W06000007782

We have received your document for GARRISON NURSERY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Letter Number: 606A00011446

Becky McKnight Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### 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:

GARRISON NURSERY, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Post Office Box 510 Dundee, Florida 33838

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Planting and growing trees, shrubs, and plants

#### ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joe Garrison, President & Treasurer

P.O. Box 510

Dundee, Florida 33838

Daphne Garrison, VP & Secretary

P. O. Box 510

Dundee, Florida 33838

#### ARTICLE VI REGISTERED AGENT

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

Joe Garrison

2100 Dundee Road, Suite 108

Winter Haven, Florida 33884

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Joe Garrison

P. O. Box 510

Dundee, Florida 33838

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

SECRETARY OF STAIL DIVISION OF COMPORATIONS