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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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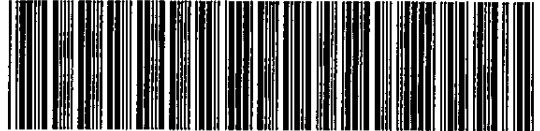
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: TALQUIN TRACE TREES 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: Patricia J. Foe
Name (Printed or typed)

13 Talquin Trace Lane
Address

Sopchoppy, Florida 32358
City, State & Zip

850 926-7501
Daytime Telephone number

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:

TALQUIN TRACE TREES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13 Talquin Trace Lane
Sopchoppy, Fl 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Whole sale tree grower

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Patricia Foe, President, 13 Talquin Trace Lane, Sopchoppy, Fl 32358
Secretary
Joe D. Glow, Jr. Vice President, 13 Talquin Trace Lane,
Treasurer Sopchoppy, Fl 32358

ARTICLE VI REGISTERED AGENT

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

Patricia Foe, 13 Talquin Trace Lane Sopchoppy, Fl 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Foe, 13 Talquin Trace Lane Sopchoppy, Fl 32358

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

Patricia Foe
Signature/Registered Agent Patricia Foe

3/23/06
Date

Patricia Foe
Signature/Incorporator Patricia Foe

3/23/06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA