

PA 000080291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

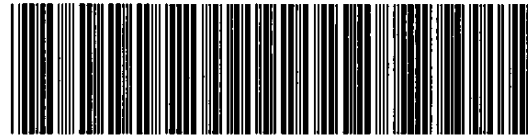
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 JUN - 9 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers JUN 12 2006

WA 4-20375

COVER LETTER

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

SUBJECT: FOURTH SEASON ONE INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: MAGDALENO SIMON
Name (Printed or typed)

620 N FORBES RD
Address

PLANT CITY, FL 33566
City, State & Zip

813-752-9731
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:

FOURTH SEASON ONE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

620 N FORBES RD PLANT CITY, FL. 33566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATION OF A PLANT NURSERY

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):

MAGDALENO SIMON-PRESIDENT 620 N FORBES RD PLANT CITY, FL. 33566

ARTICLE VI REGISTERED AGENT

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

MAGDALENO SIMON 620 N FORBES RD PLANT CITY, FL. 33566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAGDALENO SIMON 620 N FORBES RD PLANT CITY, FL.33566

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Magdaleno Simon

Signature/Registered Agent

6/7/06
Date

Magdaleno Simon

Signature/Incorporator

6/7/06
Date

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Magdaleno Simon
Signature/Registered Agent

6/7/06
Date

Magdaleno Simon
Signature Incorporator

6/7/06
Date