P07000008474	
(Requestor's Name) (Address) (Address)	900084557029
(City/State/Zip/Phone #)	* 01/17/0701013005 **70.80
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 07 JAN 17 PM 2: 39 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: Plant and Grow Nursery, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

**Filing Fee** 

\$78.75 Filing Fee & Certificate of Status

\$78,75	\$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>PY REQUIRED</b>

FROM: Betty Boyer

Name (Printed or typed)

1057 E Canal St N

Address

Belle Glade, FL 33430

City, State & Zip

561-261-1004

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:

Plant and Grow Nursery, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1057 E Canal St N

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscape Contractor and Tree Farms

### 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):

Betty Boyer 1057 E Canal ST N Belle Glade, FL 33430 President

## ARTICLE VI REGISTERED AGENT

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

Suzanne Harper 241 W Ave A Belle Glade, FL 33430

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Betty Boyer 1057 E Canal St N Belle Glade, FL 33430

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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

XE Signature/Registered Agent

Sett Boyen Signature/Incorporator

\_\_\_\_\_

1/10/07
Date
1/10/07
Date

FILED 17 JAN 17 PM 2: 39 SECRETARY OF STATE ALLAHASSEE, FLORID/

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Signature/Registered Agent

1/10/07

Date

Signature/Incorporato

1/10/07 Date