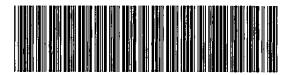
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| | ☐ WAIT | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Southern PINE Stri | aw Services | INC. | | |
|---|--|--|--|--|
| (PROPOSED CORPORA) Enclosed are an original and one (1) copy of the articles | FE NAME – <u>MUST INCLU</u> | IDE SUFFIX) | | |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| FROM: GLENDA GAIL KELLY Name (Printed or typed) | | | | |
| PO BOX 444 | ddress | | | |
| Hosford, FL 32334 City, State & Zip | | | | |

750 - 556 - 9898 Daytime Telephone number

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





March 13, 2007

GLENDA GAIL KELLY P.O. BOX 444 HOSFORD, FL 32334

SUBJECT: SOUTHERN PINE STRAW SERVICES INC

Ref. Number: W07000012480

We have received your document for SOUTHERN PINE STRAW SERVICES INC. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6934.

Loria Poole Document Specialist New Filing Section

Letter Number: 207A00017663

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:

Southern Pine Straw Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 444, Hosford, FL 32334 21492 NE Chester Street, Hosford, FL 32334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Delivery, Installation and sale fo pine straw.

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):

Glenda Gail Kelly PO Box 444, Hosford, FL 32334 President 51% Murray Wade Kelly PO Box 444, Hosford, FL 32334 Vice President 49%

ARTICLE VI REGISTERED AGENT

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

Glenda Kelly

21492 NE Chester Street, Hosford FL 32334

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Glenda Gail Kelly

PO Box 444, Hosford, FL 32334

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

Signature/Incorporator

1/1/07

ate