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SECRETARY OF STATE
ALLAHASSEE ELOPIN



COVER LETTER

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

SUBJECT:	20 X ,INC			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
;: FROM:	RALPH D. CAMPBELL Name (Printed or typed)			
	14566 SW 34TH TERRACE ROAD Address			
	·	FL 34473 State & Zip	<u>-</u>	
	(352) 895-1770 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:

20 X, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14566 SW 34TH TERRACE ROAD OCALA, FL 34473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF HAY FARMING.

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$1 PER SHARE PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RALPH D. CAMPBELL, PRESIDENT 14566 SW 34TH TERRACE ROAD OCALA, FL 34473 TINA M. CAMPBELL, VP 14566 SW 34TH TERRACE ROAD OCALA, FL 34473

ARTICLE VI REGISTERED AGENT

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

RALPH D. CAMPBELL 14566 SW 34TH TERRACE ROAD OCALA, FL 34473

ARTICLE VII INCORPORATOR

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

RALPH D. CAMPBELL 14566 SW 34TH TERRACE ROAD OCALA, FL 34473

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

Ralph Caustell
Signature/Registered Agent
Date

Polyh Caustell
Signature/Incorporator
Date

SECRETARY OF STATE
TALL AHASSEF FLORIDA