P07000067531

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL *
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		·
	<u></u>	
	Office Use Onl	v



200103975842

06/07/07--01015--002 **70.00

2007 JUN -7 PM 12: 12
SECRETARY OF STATE
FALL AHASSEE FLORIDA

T. Burch JUN 08 2007

COVER LETTER

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

SUBJECT: South Of The Border F	arms, Inc
(PROPOSED CO	PRPORATE NAME – MUST INCLUDE SUFFIX) f the articles of incorporation and a check for:
Filing Fee Filing Fee & Certificate of Stat	S78.75 S87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Ann Fournier	Name (Printed or typed)
1098 Smith Town R	
Chattahoochee, FL 3	City, State & Zip
850-879-2949	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:

South Of The Border Farms, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1098 Smith Town Rd. Chattahoochee, FL 32324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Agricultural Farming and Hauling Services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ann Fournier 1098 Smith Town Rd. Chattahoochee, FL 32324 Director

ARTICLE VI REGISTERED AGENT

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

Ann Fournier 1098 Smith Town Rd. Chattahoochee, FL 32324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann Fournier 1098 Smith Town Rd. Chattahoochee, FL 32324

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

Ann Fournier
Signature/Registered Agent

Onn Fournier
Signature/Incorporator

Onn Journer

Onnel, 2007

Date

SECRETARY OF STATE TALLAHASSEE FLORINA