

FD8000016728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-51-2

COVER LETTER

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

SUBJECT: EARTH AID PRODUCTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MELVIN M. WITHERSPOON
Name (Printed or typed)

679 OCEAN BLVD.
Address

ATLANTIC BEACH, FL 32933
City, State & Zip

904-716-0862
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:

EARTH AID PRODUCTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1301 PENMAN ROAD, SUITE C, JACKSONVILLE BEACH, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE AND RETAIL PRODUCT SALES

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MELVIN MICHAEL WITHERSPOON - PRESIDENT, CEO, DIRECTOR

JOHN CHRISTOPHER DAVIS - EXECUTIVE V.P., DIRECTOR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

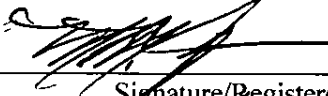
MELVIN MICHAEL WITHERSPOON
679 OCEAN BLVD., ATLANTIC BEACH, FL 32233

ARTICLE VII INCORPORATOR

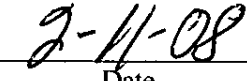
The name and address of the Incorporator is:

MELVIN MICHAEL WITHERSPOON
679 OCEAN BLVD., ATLANTIC BEACH, FL 32233


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



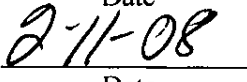
Signature/Registered Agent



Date



Signature/Incorporator



Date