

P08000037105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

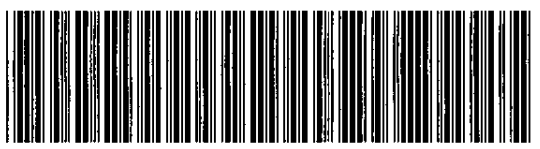
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/10/08--01031--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 10 PM 12:19

EP 4/14/08

BRIAN LEVINE, P.A.

6977 Dolce Street
Orlando, FL 32819

April 3, 2008

Division of Corporations
409 East Gaines Street
Tallahassee, Fl 32399

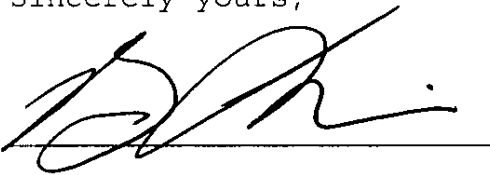
Gentlemen,

Please find enclosed the Articles of Incorporation for

BRIAN LEVINE, P.A.

I have included the original and a copy of the Articles and a check in the amount of \$78.75 for the basic filing and a certified copy.

Sincerely yours,

A handwritten signature in black ink, appearing to be "B. Levine", is written over a horizontal line.

COVER LETTER

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

SUBJECT: Cedar Creek Farms, 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: Cedar Creek Farms, Inc.
Name (Printed or typed)

4696 East Hwy 329
Address

Anthony, FL 32617
City, State & Zip

(352) 401-0888 or (352) 595-7643
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:
Cedar Creek Farms, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

4696 East Hwy 329
Anthony, FL 32617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Farm Fresh Products
Wholesale and Retail Sales

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):

Angel Ramos
2665 East Hwy 316
Citra, FL 32113
President

G. Troy Harbison
4696 East Hwy 329
Anthony, FL 32617
Vice President

ARTICLE VI REGISTERED AGENT

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

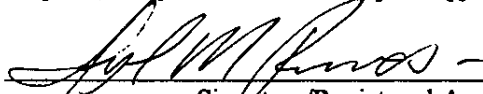
Angel Ramos
2665 East Hwy 316
Citra, FL 32113

ARTICLE VII INCORPORATOR

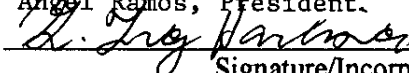
The name and address of the Incorporator is:

G. TroyyHarbison
4696 East Hwy 329
Anthony, FL 32617

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
Angel Ramos, President.



Signature/Incorporator
G. Troy Harbison, Vice President

3-31-08
Date
March 31, 2008
3/31/08
Date
March 31, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 10 PM 12:19