

PO8000111086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

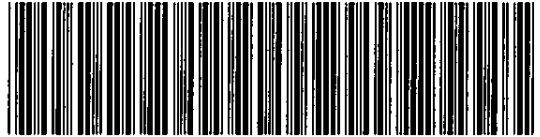
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 DEC 29 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 30 2008

COVER LETTER

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

SUBJECT: BOON'S FARM CORPORATION

(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: BOON TIRASITIPOL

Name (Printed or typed)

6450 APPALOOSA TRL.

Address

SOUTHWEST RANCHES, FLORIDA 33330

City, State & Zip

954 559 6140

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

BOON'S FARM CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

6450 APPALOOSA TRL. SOUTHWEST RANCHES, FLORIDA 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AGRICULTURAL

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):

BOON TIRASITIPOL 6450 APPALOOSA TRL. SOUTHWEST RANCHES, FL 33330 PRESIDENT

YOKO TIRASITIPOL 6450 APPALOOSA TRL. SOUTHWEST RANCHES, FL 33330 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

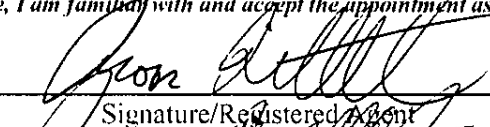
BOON TIRASITIPOL 6450 APPALOOSA TRL. SOUTHWEST RANCHES, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

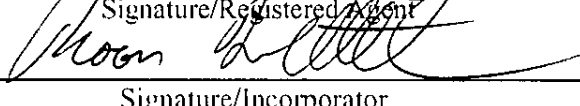
BOON TIRASITIPOL
6450 APPALOOSA TRL. SOUTHWEST RANCHES, FLORIDA 33330

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

12/23/2008

Date


Signature/Incorporator

12/23/2008

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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