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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** ROCK'S FEED, 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:** RICK GRALEY

Name (Printed or typed)

3870 NE 16 AVENUE

Address

POMPANO BEACH, FLORIDA 33064

City, State & Zip

954-650-7507

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:

ROCK'S FEED, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

3870 NE 16 AVENUE  
POMPANO BEACH, FL 33064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RICK GRALEY  
3870 NE 16 AVENUE  
POMPANO BEACH, FL 33064

**ARTICLE VI REGISTERED AGENT**

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

RICK GRALEY  
3870 NE 16 AVENUE  
POMPANO BEACH, FL 33064

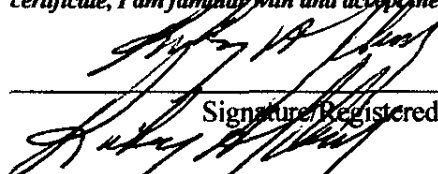
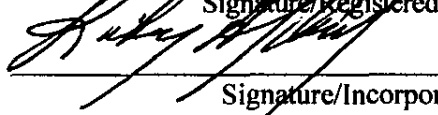
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RICK GRALEY  
3870 NE 16 AVNUE  
POMPANO BEACH, FL 33064

\*\*\*\*\*

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  
  
  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date  
1-29-09  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA