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COVER LETTER

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

SUBJECT:	TEXARIDA				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
\$70,00	D \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
I ming I cc	& Certificate of Status	& Certified Copy	Certified Copy		
		l so common copy	& Certificate of		
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		ADDITIONAL CO	PY REQUIRED		
		<u> </u>			
FROM	BEN	CAMPEN	/		
FROM:	Name	(Printed or typed)	 		
		1 1 - 7	<i>y</i>		
	5348 N.W. 9th LANE				
		Address			
	City, State & Zip				
	352 - 262 - 5348 Daytime Telephone number				
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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: TEXARIDA LAND COMPANY ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5348 N.W. 9TH LANE GAINES VILLE, FL 32605 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONDUCT ANY LAWFUL BUSINESS ARTICLE IV SHARES ONE HUNDRED The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BEN CAMPEN, PRESIDENT & SECRETARY ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BEN CAMPEN 5348 N.W. 974 LANE GAINESVILLE, FL 32605 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: BEN CAMPEN 5348 N.W. 9TH LANE CAINESUILLE, FL 32605 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 2-12-09 Date 2-12-09

Signature/Registered Age

Signature/Incorporator