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(Requestor's Name)				
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(City/Sta	ta/7in/Phone #\			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
. (Docum	ent Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

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EP4/21/09

COVER LETTER

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

SUBJECT: Sou	thern Blue Growers, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	✓ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,
	& Certificate of Status	ADDITIONAL CO	Certified Copy & Certificate of Status DPY REQUIRED
			
FROM:	Regan Lolly		
	Name	(Printed or typed)	
	P.O. Box 990111		
		Address	
	Naples, FL 34116		
	City	, State & Zip	
	(239) 825-0426	C. L. d.	
	Daytime	l'elephone 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:

Southern Blue Growers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4510 7th Ave. N.W. Naples, FL 34119

MAIL ADDRESS: P.O. Box 990111

Naples, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Farming

ARTICLE IV SHARES

The number of shares of stock is: 1500

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

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

Regan E. Lolly, 144 Palmview Dr., Naples, FL 34110

Reed E. Lolly, 4510 7th Ave. N.W., Naples, FL 34119

Beth K. Lolly, 4510 7th Ave. N.W., Naples, FL 34119

(President)

(Vice President)

(Sec/Treas)

ARTICLE VI REGISTERED AGENT

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

Beth K. Lolly 4510 7th Ave. N.W. Naples, FL 34119

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Regan E. Lolly 144 Palmview Dr. Naples, FL 34110

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

4/15/09 igpature/Registered Agent Date 4/15/09 Date