

P11000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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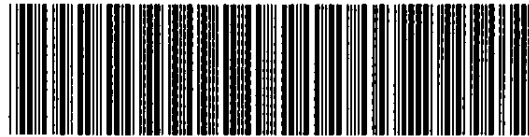
(Business Entity Name)

(Document Number)

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

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2010 DEC 30 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bureh JAN 3 2011

## COVER LETTER

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

SUBJECT: Norman Farm & Cattle Company, 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: Joseph Norman  
Name (Printed or typed)  
22949 NE 136<sup>TH</sup> DR  
Address  
Rainforest, FL 32013  
City, State & Zip  
386-431-1008  
Daytime Telephone number  
RAIFORD UNION @YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**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: Norman Farm and Cattle Company, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12473 NE Ctry Rd 793  
Raiford, FL 32083

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To handle cattle & farm operations in Raiford, FL, for the Norman family.

**ARTICLE IV SHARES**

The number of shares of stock is: 300

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

Name and Title: Joseph Norman  
Address: 22949 NE 136 Dr  
Raiford, FL 32083

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Jan Thomas  
Address: 12473 NE Ctry Rd 793  
Raiford, FL 32083

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joseph Norman  
Address: 22949 NE 136 Dr  
Raiford, FL 32083

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jan Thomas  
Address: 12473 NE Ctry Rd 793  
Raiford, FL 32083

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

Joseph Norman

Required Signature/Registered Agent

11/6/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jan Thomas

Required Signature/Incorporator

11/6/2010

Date

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STATE OF FLORIDA  
DEPARTMENT OF STATE