

P11000006806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200190747392

01/19/11--01002--005 **87.50

FILED
11 JAN 19 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/21/11

COVER LETTER

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

SUBJECT: Green Cove Wildflowers, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Katherine D. Sievers

Name (Printed or typed)

914 North Orange Avenue

Address

Green Cove Springs, FL. 32043

City, State & Zip

904-838-4943

Daytime Telephone number

kdsievers@bellsouth.net

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

Green Cove Wildflowers, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
914 North Orange Avenue
Green Cove Springs, FL 32043

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate

ARTICLE IV SHARES

The number of shares of stock is 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katherine D. Sievers P. VP. S. T
Address: 914 North Orange Avenue
Green Cove Springs, FL 32043

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Katherine D. Sievers
Address: 914 North Orange Avenue
Green Cove Springs, FL 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katherine D. Sievers
Address: 914 North Orange Avenue
Green Cove Springs, FL 32043

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

Katherine D. Sievers
Required Signature/Registered Agent

1-13-2011
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.

Katherine D. Sievers
Required Signature/Incorporator

1-13-2011
Date

FILED
11 JAN 19 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA