

P11000009197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

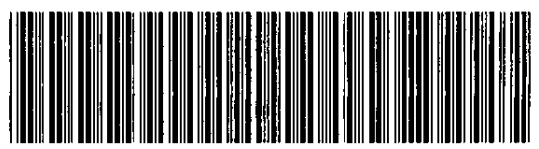
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JAN 24 PM 2:36

1/27/11

COVER LETTER

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

SUBJECT: Garden Dreamery, 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: Audrey Holston
Name (Printed or typed)
112 Mt. Zion Rd.
Address
Crawfordville FL 32327
City, State & Zip
850 510 3249
Daytime Telephone number
garden dreamery@aol.com
E-mail address: (to be used for future annual report notification)

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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: Garden Dreamery Inc.

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DIVISION OF CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
112 Mt. Zion Rd
Crawfordville
Fl. 32327

Mailing address, if different is: 2011 JAN 24 PM 2:36

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: professional corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audrey Holston Pres.
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

Name and Title: Cassandra Holston, Secretary
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

Name and Title: Cassandra Holston VP
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

Name and Title: _____
Address: _____

Name and Title: Audrey Holston Treasurer
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

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: Audrey Holston
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cassandra Holston
Address: 112 Mt. Zion Rd
Crawfordville Fl. 32327

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

Audrey Holston
Required Signature/Registered Agent

1/17/2011
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.

Cassandra Holston
Required Signature/Incorporator

1/17/2011
Date