

P11000043270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

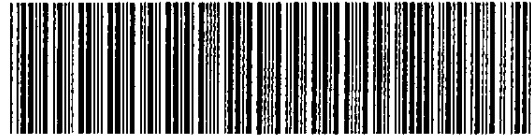
(Business Entity Name)

(Document Number)

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

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05/03/11--01050--013 \*\*70.00

FILED  
11 MAY -3 AM 10:06  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

K 05/05/11

## COVER LETTER

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

SUBJECT: SUGARTREE FARMS, 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: William T. Wells  
Name (Printed or typed)

435 NE 63rd St.  
Address

Ocala, FL 34479  
City, State & Zip

863-640-1423  
Daytime Telephone number

billw158@gmail.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: SugarTree Farms, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
435 NE 63rd St.  
Ocala, FL 34479

Mailing address, if different is:

P. O. Box 158  
Anthony, FL 32617

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Farming

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: William Wells, Pres  
Address: P. O. Box 158  
Anthony, FL 32617

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

Name and Title: Kenne Bates / Tres  
Address: P. O. Box 158  
Anthony, FL 32617

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:

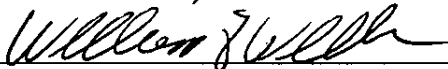
Name: William Wells  
Address: 435 NE 63rd St  
Ocala, FL 34479

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Wells  
Address: 435 NE 63rd St  
Ocala, FL 34479

*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*

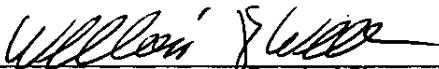


Required Signature/Registered Agent

5-2-2011

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.*



Required Signature/Incorporator

5-2-11

Date

FILED  
11 MAY - 3 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA