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PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STALK
SIVISION OF CORPORATIONS

Office Use Only

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COVER LETTER

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

SUBJECT: Locally Grown Cor	poration
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Lester J Gerber	e (Printed or typed)
2634 Clarinet Drive	Address
Orlando, FL 32837	, State & Zip
407-284-9481 Daytime 1	Felephone number
_	mail.com ed 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)

The name of the corporation shall be:	ally Grown Corporation	
ARTICLE II PRINCIPAL OFFICE		
Principal street addres	5	
2634 Clarinet Drive Orlando, FL 32837		
, , , , , , , , , , , , , , , , , , ,		 .
	1 X	·
The number for which the cornection is orga	nizod is:	2
The purpose for which the corporation is orga Grown vegetables, herbs and	nized is:	۲ ۲
flowers.	1 Fi	7
	ti di	
	PH RPG	City City
		×
ARTICLE IV SHARES		5
The number of shares of stock is: 500	— i	ta
ARTICLE V INITIAL OFFICERS A	VD/OR DIRECTORS	
Name and Title:Lester J Gerber	President Name and Title:	
Address: 2634 Clarinet D	<u>'IVE</u> Address:	
Orlando, FL 328	337	
Name and Title:	Name and Title:	
	Address:	
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Bo Name: Lester J Gerbe	<u>. </u>	
Address: 2634 Clarinet		
Orlando, Fl 32	837	
•		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	•	
Name: Lester J Gerbe	ır	
Address: 2634 Clarinet [
Orlando, Fl 32		
Having been named as registered agent to ac-	cept service of process for the above stated corporation at the place designa	utod is
	he appointment as registered agent and agree to act in this capacity	
Sot I Sol		
destro & Lewer	06/01/2011	
Required Signature/	Registered Agent Date	
I submit this document and affirm that the fi	acts stated herein are true. I am aware that the false information submitte	d in a
	icis siaieu nerein are irue. 1 um uware mai me jaise injormation suomine. is a third degree felony as provided for in s.817.155, F.S.	14 17E E
1 to date		
Trever of James	06/01/2011	
Required Signatur	re/Incorporator Date	