

P11000069961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

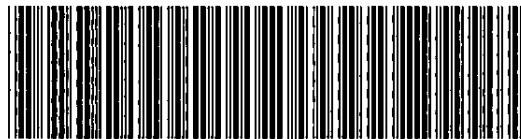
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Certified Copies _____

Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -3 AM 11:17

PS 8/4/11

COVER LETTER

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

SUBJECT: Bad Apple 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: John Butt

Name (Printed or typed)

5715 NW 119 Terrace

Address

Coral Springs, FL 33076

City, State & Zip

(305) 788-2335

Daytime Telephone number

badapplefarms@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Bad Apple Farms Inc.

11 AUG -3 AM 11:17

ARTICLE II PRINCIPAL OFFICE

Principal street address
5715 NW 119 Terrace
Coral Springs, FL 33076

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 3,000 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Butt, Director
Address: 5715 NW 119 Terrace
Coral Springs, FL 33076

Name and Title: _____
Address: _____

Name and Title: Charles R. Caldwell, Director
Address: 2347 NW 42nd Circle
Homestead, FL 33033

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:

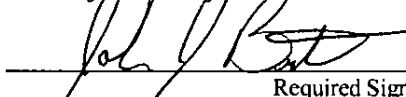
Name: John Butt
Address: 5715 NW 119 Terrace
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Butt
Address: 5715 NW 119 Terrace
Coral Springs, FL 33076

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

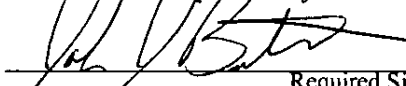


Required Signature/Registered Agent

07/28/2011

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

07/28/2011

Date