

P11000108264

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED CORPORATE SUFFIX
TO NAME PER
TELEPHONE CONVERSATION
WITH ROBERT K. BULKMASTER.

K 12/27/11

Office Use Only



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12/22/11--01014--009 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 22 PM 3:52

FILED

K 12/27/11

COVER LETTER

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

SUBJECT: GreenCoffeeBuyersNetwork.Com, 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: Robert K. Buckmaster

Name (Printed or typed)

1104 Kilmarin Ct.

Address

St. Augustine, FL 32084

City, State & Zip

904-392-5151

Daytime Telephone number

staugustineccim@aol.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: GreenCoffeeBuyersNetwork.com, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1104 Kilmarin Ct.
St. Augustine, FL 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert K. Buckmaster, - P
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

Name and Title: Robert K. Buckmaster, - VP
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

Name and Title: Robert K. Buckmaster, - T
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

Name and Title: Robert K. Buckmaster, - S
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

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: Robert K. Buckmaster
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert K. Bucmaster
Address: 1104 Kilmarin Ct.
St. Augustine, FL 32084

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

Robert K. Buckmaster

Required Signature/Registered Agent

12/21/11
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.

Robert K. Buckmaster

Required Signature/Incorporator

12/21/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA