

P 1200000 2587

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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

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J. Shivers JAN 10 2012

## COVER LETTER

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

SUBJECT: Crescent Gold, 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: Michele M. Greene

Name (Printed or typed)

3320 N Federal Highway

Address

Lighthouse Point, FL 33064

City, State & Zip

954.325.7885

Daytime Telephone number

mgspirit33@aol.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: Crescent Gold, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3320 N Federal Highway  
Lighthouse Point, FL 33064

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Farming for distribution of product. (FLORIDA VEGETABLES)

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: <u>Timothy L. Cost, President</u>	Name and Title: _____
Address: <u>3320 N Federal Highway</u>	Address: _____
<u>Lighthouse Point, FL 33064</u>	_____
_____	_____

Name and Title: <u>Michele M. Greene, V Pres/Sec/Treas</u>	Name and Title: _____
Address: <u>3320 N Federal Highway</u>	Address: _____
<u>Lighthouse Point, FL 33064</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

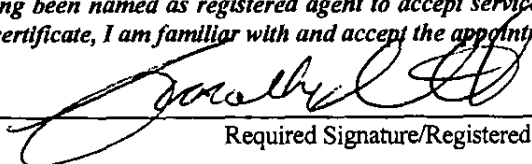
Name: Timothy L. Cost  
Address: 3320 N Federal Highway  
Lighthouse Point, FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele M. Greene  
Address: 3320 N Federal Highway  
Lighthouse Point, FL 33064


*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

01.06.2012

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

01.06.2012

Date

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