

P 12.000005651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

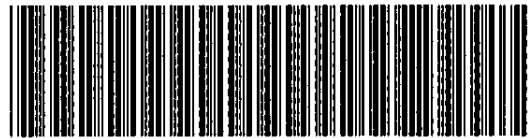
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700215625107

01/17/12--01059--026 \*\*78.75

FILED

12 JAN 17 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/18/12



COVER LETTER

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

SUBJECT: RJ LANE 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: TIMOTHY S. DEAN, PA

Name (Printed or typed)

230 NE 25TH AVENUE, SUITE 300

Address

OCALA FL 34470

City, State & Zip

352-387-8700

Daytime Telephone number

RLANE@CSCOS.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JAN 17 PM 1:36

FILED

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** RJ LANE FARMS, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8754 NW HWY 225A

OCALA FL 34482

Mailing address different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 JAN 17 PM 1:36

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RENEE M. LANE, PRESIDENT

Address: 8754 NW HWY 225A

OCALA FL 34482

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

Address: \_\_\_\_\_

Name and Title: JOSEPH D. LANE, SECRETARY

Address: 8754 NW HWY 225A

OCALA FL 34482

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: RENEE M. LANE

Address: 8754 NW HWY 225A

OCALA FL 34482

**ARTICLE VII INCORPORATOR**

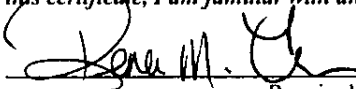
The name and address of the Incorporator is:

Name: RENEE M. LANE

Address: 8754 NE HWY 225A

OCALA FL 34482

*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*

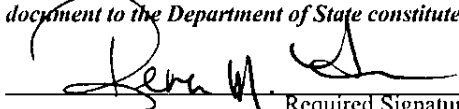


Required Signature/Registered Agent

1/10/12

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

1/10/12

Date