

P12000008070

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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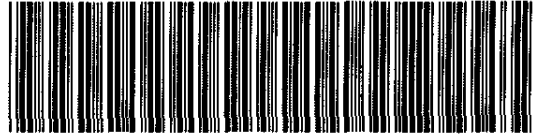
(Business Entity Name)

(Document Number)

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

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12 JAN 23 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: AgrowPro 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: William Kyle Hutchings  
Name (Printed or typed)

737 Myrtle Ave  
Address

Green Cove Springs, FL 32043  
City, State & Zip

(904) 449-1299  
Daytime Telephone number

agrowpro-inc@yahoo.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: AgrowPro Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

737 Myrtle Ave  
Green Cove Springs, FL 32043

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Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Lawn and ornamental pest control for hire on residential, commercial properties, and athletic fields.

**ARTICLE IV SHARES**

The number of shares of stock is: (100) 51 belong to William Hutchings. 49 belong to Tiffany Hutchings.

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

Name and Title: William Kyle Hutchings President  
Address: 737 Myrtle Ave  
Green Cove Springs, FL 32043

Name and Title: Tiffany Jean Hutchings Vice President  
Address: 737 Myrtle Ave  
Green Cove Springs, FL 32043

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

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: William Kyle Hutchings  
Address: 737 Myrtle Ave  
Green Cove Springs, FL 32043

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Kyle Hutchings  
Address: 737 Myrtle Ave  
Green Cove Springs, FL 32043

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

William Kyle Hutchings  
Required Signature/Registered Agent

01/19/2012  
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.

William Kyle Hutchings  
Required Signature/Incorporator

01/19/2012  
Date