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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			

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***COVER LETTER**

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

SUBJECT: Sweetwater Farm, Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Mary Linville Atkins	
Name	(Printed or typed)
2035 SALLEY BROWN ROAD	
QUINCY, FL 32351	Address
City,	State & Zip
0.000 0.44 7700	•
850-841-7788 Daytime T	elephone number
·	•
linvilleatkins@gmail.com	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)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2035 Salley Brown Road		
	Quincy, Florida 32351		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
or the purp	ose of transacting any or all lawful bu	siness for wh	ich corporations may be
ncorporated	under Chapter 607, Florida Statutes.		•
RTICLE IV	SHADES		
ne number of sha	ares of stock is: This corporation is authorized t	to issue 7,500 s	hares of \$1,00 par value common s
DTICLE II	INTELL OPERATE AND OR DEPARTMENT	D O	
RTICLE V Name and T	INITIAL OFFICERS AND/OR DIRECTOR Citle: Stephen A, Meck, Director/Presiden	<u>KS</u> Of Name and Titl	e:Many I Atkins Director/Vice Pre
Address:	2035 SALLEY BROWN ROAD	Address:	2035 SALLEY BROWN ROA
		_	QUINCY FL 32351
	QUINCY, FL 32351	_	GOITOT, 1 E GEGOT
Name and T	itle:	Name and Titl	۹.
Address:		Address:	<u> </u>
		_	
Name and T	itle:	Name and Titl	۵٠
Address:		Address:	
		_	
		_	
RTICLE VI	REGISTERED AGENT		A TO
	orida street address (P.O. Box NOT acceptable) o		ent is:
Name:	Carol Atkins Goughnour	n -	
Address:	3030 Feeney Court	_	Agence Co.
	Tallahassee, Florida 32309	_	\$2 5 F
RTICLE VII	INCORPORATOR		me T
	dress of the Incorporator is:		
Name:	Mary Linville Atkins	_	Citat
Address:	2035 SALLEY BROWN ROAD		
	QUINCY; FL 32351	_	DA .
aving been nam	ed as registered agent to accept service of proces	s for the above st	tated corporation at the place designated
reertificate, I a	m familiar with and accept the appointment as reg	istered agent and	agree to act in this capacity
/ / / /	(11) · (V)		
(GLA)	Matine Manginous	 .	
_	Required Signature/Registered Agent		Date
		tura Lam awar	e that the false information submitted in
ubmit this docu	iment and affirm that the facts stated herein are		
	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felon		