

P12 000052114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

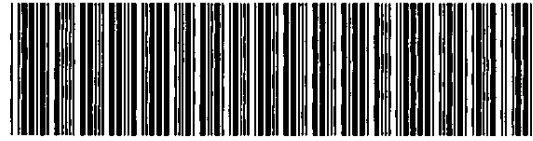
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/06/12--01002--007 **70.00

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12 JUN -6 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/07/12

COVER LETTER

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

SUBJECT: Microlife Agro Sciences, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tim Cahoon
Name (Printed or typed)

1675 Independence Blvd.
Address

Sarasota, FL 34234
City, State & Zip

941-448-7546
Daytime Telephone number

cahoontim@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 Microlife Agro Sciences, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address 1675 Independence Blvd. Mailing address, if different is:
Sarasota, FL 34234

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To make products to sell for a profit.

ARTICLE IV SHARES
The number of shares of stock is 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

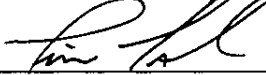
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____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

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Tim Cahoon
Address: 1675 Independence Blvd.
Sarasota, FL 34234

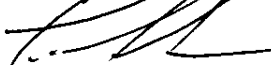
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Tim Cahoon
Address: 1675 Independence Blvd.
Sarasota, FL 34234

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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 6-1-2012 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 6-1-2012 Date