

P12000088837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

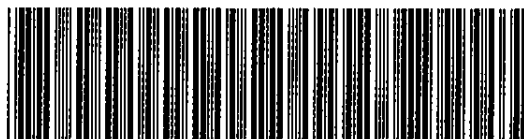
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

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

SUBJECT: **FIELDS OF PLENTY, 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: **REBECCA J. HOFFMAN**

Name (Printed or typed)

**4536 OAK RIVER CIRCLE**

Address

**VALRICO, FL 33596**

City, State & Zip

**813-653-2023**

Daytime Telephone number

**JHOFFM10@TAMPABAY.RR.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**

FIELDS OF PLENTY, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10070 FERN HILL DRIVE  
RIVERVIEW, FL 33578

Mailing address, if different is:

PO BOX 2164  
BRANDON, FL 33509-2164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The general purpose of the corporation shall be to conduct any business or engage in any other activity permitted under the laws of the State of Florida and the United States, whether for profit or otherwise.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares of \$1.00 par value common stock, which will be designated Common Stock

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

Name and Title: Rebecca J. Hoffman, President  
Address: 4536 Oak River Circle  
Valrico, FL 33596

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

Name and Title: Gerald M. Hoffman, V.P.  
Address: 4536 Oak River Circle  
Valrico, FL 33596

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:

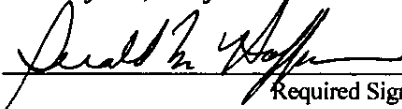
Name: Gerald M. Hoffman  
Address: 4536 Oak River Circle  
Valrico, FL 33596

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rebecca J. Hoffman  
Address: 4536 Oak River Circle  
Valrico, FL 33596

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

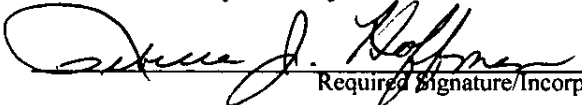


Required Signature/Registered Agent

10/16/2012

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

10/16/2012

Date

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