

P13000029311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

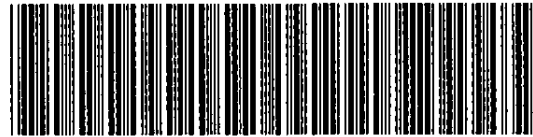
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500246032485

03/29/13--01006--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 29 PM 2:27

4/1/13

COVER LETTER

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

SUBJECT: FBL Science, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FBL Science, Inc.

Name (Printed or typed)

PO Box 855

Address

Panama City, FL 32402

City, State & Zip

(850) 615-3616

Daytime Telephone number

atalkington@fblscience.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 29 PM 2:28

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: FBL Science, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

149 Sims Ave. D1

Callaway, FL 32404

Mailing address if different is:

PO Box 855

Panama City, FL 32402

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAR 25 PM 2: 28

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: commerce

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Amelia Talkington
Address: 149 Sims Ave. D1
Callaway, FL 32404

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 29 PM 2: 28

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amelia Talkington
Address: 149 Sims Ave. D1
Callaway, FL 32404

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

Amelia Talkington
Required Signature/Registered Agent

3/27/13
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.

Amelia Talkington
Required Signature/Incorporator

3/27/13
Date