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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e#)		
	₩AIT	<u></u>		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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Department of State **New Filing Section**

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 7-679-5669 Daytime Telephone number DUTCH meadow Farms@qmail. (om 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)

The name of the corporati		Meadow	Farms, Inc.
ARTICLE II PRIN	ICIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
		-	PO BOY 523
() () () () () ()	Jeghorn Mr		San Antonio 76
2HM. H1	110010 1+L.3	35-16	SCI FILLION O TC
			33576
ARTICLE III PURP The purpose for which th	POSE e corporation is organized is:	to berm	new business
			ತ್ರ್ಯ ಕ್ಷಾಸ್.
			77 - Section C
ARTICLE IV SHA			in the many
The number of shares of s	tock is:		88 5. 29 5. 29
ARTICLE V INIT	IAL OFFICERS AND/OR DIR	ECTORS	· .jp>
Name and Title:	JAN GITERWY PO BOX 523	Name and Title	. President
Name and Thie.	PO POX 523	Italie and The	PO BOX 523
Address	SAN ANTONI	Address:	^ -
		53576	SAN ANTONIO 72
			33576
Name and Title:	JAN Viterwyk Pu Box 523	Name and Title	Secretary
Address	PU Box 523	Address:	PN BOX 523
Address	3AN ANTON I	Address:	San ANONO 72
		3576	33576
		<u></u>	33310
Name and Title:		Name and Title	:
Address		Address:	
		And Saddles Asserts of Proceedings	

(conti.)

Name and	Title:Name and Title:			
Address	Address:			
ARTICLE VI The name and Flo	REGISTERED AGENT Order street address (P.O. Box NOT acceptable) of the registered agent is:	_		
Address:	10345 Cleghorn ir	基準 さ		
	SANANTONO 72 33576	The state of the s		
ARTICLE VII	INCORPORATOR	E P II		
The <u>name</u> and ad	dress of the Incorporator is:	2:5		
Name:	JAN Viterwyl	46. 31.		
Address:	70 Box 523 -			
	Scinffotonio 72, 3357	6		
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				
		04/04/2013		
	Required Signature/Registered Agent	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 \$817.155, F.S.				
woomsets to sate L	-parameter of some consumers to make the free ferring as provided for the 2017.133, 1.	BUMA 7712		
	Required Signature/Incorporator	Date Date		

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