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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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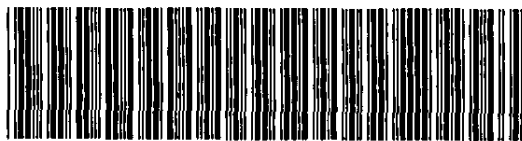
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Florida Chia Growers, 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: Dean A Dekker

Name (Printed or typed)

4915 S. Header Canal Road

Address

Ft Pierce, FL 34945

City, State & Zip

772-528-7821

Daytime Telephone number

deandekker@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

The name of the corporation shall be: Florida Chia Growers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4903 S. Header Canal Rd.

Ft. Pierce, FL 34945

Mailing address, if different from principal address:

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FLORIDA
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Farming and harvesting of chia and other seeds and foods.

ARTICLE IV SHARES 400

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dean A Dekker, Pres

Address: 4915 S. Header Canal Rd.
Ft. Pierce, FL 34945

Name and Title: Karyn L. Dekker, V.P.

Address: 4915 S. Header Canal Rd.
Ft. Pierce, FL 34945

Name and Title: Larry K. French, Secretary

Address: 8949 S.E. Ridge Rd
#309
Hobe Sound, FL 33455

Name and Title: Olga I. French V.P.

Address: 8949 S.E. Ridge Rd
#309
Hobe Sound, FL 33455

Name and Title: _____

Address: _____

Name and Title: _____

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: Dean A Dekker
Address: 4915 S. Header Canal Rd.
Ft. Pierce, FL 34945

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean A Dekker
Address: 4915 S. Header Canal Rd.
Ft. Pierce, FL 34945

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

9-30-2013

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

9-30-13

Date