

P1400000 3226

01/13/2014 10:50 #267 P.001/003

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
FARM-N-ORCHID CORP**

Certificate of Status	0
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Corporate Filing Menu

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From:

01/13/2014 10:53 AM #267 P.002/003

RECEIVED
JAN 13 PM 1:58
CORPORATIONS

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Farm -N- Orchid Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

2327 KETTLE DRIVE
ORLANDO, FL 32835

Mailing address, if different is:

2327 KETTLE DRIVE
ORLANDO, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES 200
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN CHERRY IV/DIRECTOR
Address: 2327 KETTLE DRIVE
ORLANDO, FL 32835

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

From:

01/13/2014 10:54

#267 P.003/003

01/13/2014 12:21

907-023-0000

FEDERAL OFFICE

0885

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(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: JOHN CHERRY IV
Address: 2327 KETTLE DRIVE
ORLANDO, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN CHERRY IV
Address: 2327 KETTLE DRIVE
ORLANDO, FL 32835

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

④ John Cherry
Required Signature/Registered Agent

1/9/14
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.

④ John Cherry
Required Signature/Incorporator

1/9/14
Date