

P140000011586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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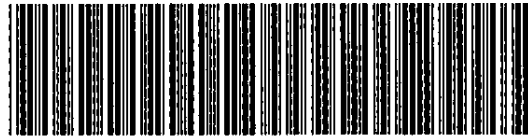
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: MORRIS PINE PLANTATION, 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: Robert J. Morris
Name (Printed or typed)
416 St Johns Golf Drive
Address
St Augustine, FL 32092
City, State & Zip
(904) 347-1645
Daytime Telephone number
rj-morris@hotmail.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:

MORRIS PINE PLANTATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1459 Lovett Road

Greenville, FL 32331

Mailing address, if different is:

1111 SE 7th Street

Ft Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct farming and timber operations.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Robert J. Morris, Director/President**

Address **416 St Johns Golf Drive**
St Augustine, FL 32092

Name and Title: **Hugh P. Morris, Director/Treasurer**

Address: **1111 SE 7th Street**
Ft Lauderdale, FL 33301

Name and Title: **Connie M. Heiskell, Director/Secretary**

Address **5525 NORTHSIDE DRIVE**
ATLANTA, GA 30328

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: Robert J. Morris
Address: 416 St Johns Golf Drive
St Augustine, FL 32092

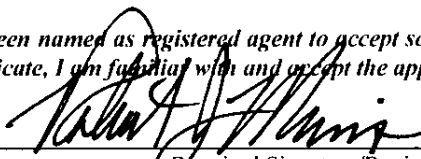
ARTICLE VII INCORPORATOR

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

Name: Robert J. Morris
Address: 416 St Johns Golf Drive
St Augustine, FL 32092

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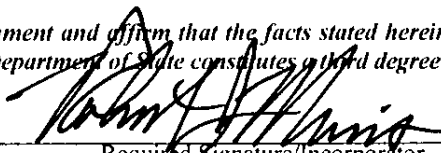
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am fulfilling with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

January 29, 2014
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

January 29, 2014
Date