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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT

LBM Farms, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

James D. Dati

Name (printed or typed)

4001 Tamiami Trail North, Suite 250

Address

Naples, FL 34103-3555

City, State & Zip

239.659.3845

Daytime Telephone Number

jdati@bsk.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Lynda D. Morrison	, President	14 JUN 17 PM 2:31,
(Name)		(Title) ETARY OF STATE TALLAHASSEE, FLORIDA
of LBM Farms Inc.		a foreign corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does here!	by certify:	
1. The date on which corporation was first formed was A	ugust 13	, 2013
The jurisdiction where the above named corporation was came into being was State of Indiana	as first formed, in	ncorporated, or otherwise
 The name of the corporation immediately prior to the fi was LBM Farms Inc. 	ling of this Certi	ficate of Domestication .
4. The name of the corporation, as set forth in its articles of	of incorporation,	to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is LBM	Farms Inc.	
5. The jurisdiction that constituted the seat, siege social, o administration of the corporation, or any other equivale immediately before the filing of the Certificate of Dome County of Lee, State of Florida	nt jurisdiction un	
 Attached are Florida articles of incorporation to comple to s. 607.1801. 	ete the domestica	tion requirements pursuant
I am Lynda D. Morrison , of Bonita Springs, Florida	l	
and am authorized to sign this Certificate of Domestication	on behalf of the	corporation and have done
so this the 12 day of June		, 2014 .
Authorized Signat	ure)	
Filing Fee:		
Certificate of Domestication		5 50.00
Articles of Incorporation and Certific Total to domesticate and file		<u>5 78.75</u> §128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.



ART	ICLE I	NAME

THE NAME OF THE CORPORATION SHALL BE:

14 JUN 17 PM 2:31

LBM Farms, Inc.	SECRETARY OF STATE	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS. Principal Address	- 19 (A) -	
4811 Island Pond Court	4811 Island Pond Court	
# 803	# 803	
Bonita Springs, FL 34134	Bonita Springs, FL 34134	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGA any and all purposes authoriz		
THE PURPOSE FOR WHICH THE CORPORATION IS ORGA		
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Title/Name	Title/Name	
Lynda D. Morrison, President		
4811 Island Pond Court, #803		
Bonita Springs, FL 34134		
Title/Name	Title/Name	
		
Title/Name	Title/Name	
Title/Name	Title/Name	

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS: 1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Lynda D. Morrison

4811 Island Pond Court, #803

Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Lynda D. Morrison

4811 Island Pond Court, #803

Bonita Springs, FL 34134

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

June 12, 2014

June 12, 2014: