

P/4000068357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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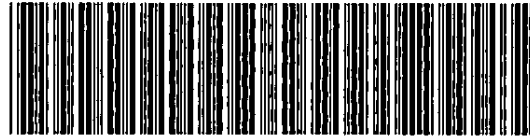
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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κ 08/15/14

COVER LETTER

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

SUBJECT: Soil Magic, 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: Scott Weinstein

Name (Printed or typed)

5500 SW 82nd Ave

Address

Davie, FL 33328

City, State & Zip

(954) 683-8977

Daytime Telephone number

soilmagicinc@gmail.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: Soil Magic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5500 SW 82nd Ave

Davie, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: nursery and agricultural operation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Weinstein President

Name and Title: Tayyab Zaidi Vice-President

Address: 5500 SW 82nd Ave
Davie, FL 33328

Address: 5500 SW 82nd Ave
Davie, FL 33328

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
DAVIE, FLORIDA

(conti.)

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: Scott Weinstein
Address: 5500 SW 82nd Ave
Davie, FL 33328

ARTICLE VII INCORPORATOR

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

Name: Scott Weinstein
Address: 5500 SW 82nd Ave
Davie, FL 33328

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Scott Weinstein
Required Signature/Registered Agent

7/29/14
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.

Scott Weinstein
Required Signature/Incorporator

7/29/14
Date