

P/4000087475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

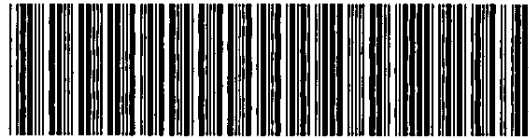
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265699130

10/24/14--01018--003 **87.50

FILED

14 OCT 24 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/27/14

COVER LETTER

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

SUBJECT: Agrow Services 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: William Kyle Hutchings
Name (Printed or typed)

119 Aldersgate St.
Address

Green Cove Springs, FL 32043
City, State & Zip

904-449-1299
Daytime Telephone number

kyle@agrowpro.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: Agrow Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

119 Aldersgate St

Green Cove Springs

FL 32043

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawn and landscape services.

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
OCT 24 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William K. Hukhings Name and Title: Tyler F. Tomlinson V. President
(President) 60 shares 40 shares

Address 119 Aldersgate St.

Address: 1040 Leno Rd

Green Cove Springs

Green Cove Springs,

FL, 32043

FL 32043

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: William K. Hutchings
Address: 119 Aldersgate
Green Cove Springs, FL 32043

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William K. Hutchings
Address: 119 Aldersgate St
Green Cove Springs, FL 32043

FILED
14 OCT 24 PM 2:41
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

WK Hutchings
Required Signature/Registered Agent

10-18-14
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.

WK Hutchings
Required Signature/Incorporator

10-18-14
Date