

P 14000095125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

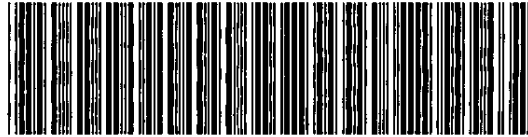
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500266577885

11/21/14--01009--003 \*\*78.75

FILED

14 NOV 21 PM 4: 49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Peace River Produce Packing and Sales, 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: Thomas Pierce

Name (Printed or typed)

1185 Luke Avenue

Address

Bartow, FL 33830

City, State & Zip

863-533-3580

Daytime Telephone number

dolorespierce@yahoo.com

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

**NOTE: Please provide the original and one copy of the articles.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 21 PM 4: 49

FILED

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: Peace River Produce Packing and Sales, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different, is:

1185 Luke Avenue

Bartow, FL 33830

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: packaging and sale of produce

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Pierce, President

Name and Title: \_\_\_\_\_

Address 1185 Luke Avenue

Address: \_\_\_\_\_

Bartow, FL 33830

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:

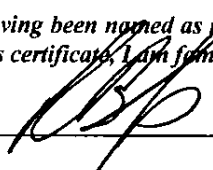
Name: Randall G. Blankenship, P.A.  
Address: 170 East Central Avenue  
Winter Haven, FL 33880

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Randall G. Blankenship, P.A.  
Address: 170 East Central Avenue  
Winter Haven, FL 33880

*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*

 Required Signature/Registered Agent 11/19/14 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.*

 Required Signature/Incorporator 11/19/14 Date

FILED  
14 NOV 21 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA