

(Requestor's Name)				
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(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
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(5)	-land Fall Mark			
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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Guest · Peavy · Guest

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994 T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

March 19, 2015

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

RE: Articles of Incorporation

T&G GROWERS, INC.

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely

JAMES GUEST

COVER LETTER

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

SUBJECT: T	& G GROWERS,	INC.	
	(PROPOSED CORPORAT		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	JAMES GUEST	·	

M:	JAMES GUEST
_	Name (Printed or typed)
	50 SE KINDRED ST., SU. 303
_	Address
	STUART, FL 34994
_	City, State & Zip
	772-286-9005
_	Daytime Telephone number
_	JGUEST@GPCPA.COM
	hamail address: Ho be used for future applial report politication (

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)

TICLE II PR	NCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
706 SW CIT	RUS BLVD.		
ALM CITY,	FL 34990		
	the corporation is organized is:	transacted by th	io
	nature of the business to be		
<u>-</u>	s to engage in any and all		
ider the law	s of the United States and	the State of Flori	ua.
number of shares o			
number of shares o	stock is: TOU TIAL OFFICERS AND/OR DIRECTOR	_	
number of shares o	rstock is: 100 TIAL OFFICERS AND/OR DIRECTOR e: Gisela Hein / President	Name and Title:	
number of shares o	TIAL OFFICERS AND/OR DIRECTOR e: Gisela Hein / President 7706 SW CITRUS BLVD.	Name and Title:	7
number of shares o	rstock is: 100 TIAL OFFICERS AND/OR DIRECTOR e: Gisela Hein / President	Name and Title:	SEA TALL
number of shares o	TIAL OFFICERS AND/OR DIRECTOR e: Gisela Hein / President 7706 SW CITRUS BLVD.	Name and Title:	15 MAR 2 SEAREE]A
number of shares o TICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR e: Gisela Hein / President 7706 SW CITRUS BLVD. PALM CITY, FL 34990	Name and Title: Address:	15 MAR 23 A SEARCE TALL /ARROGET J
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Address		Address:	
			
ARTICLE VI The name and Flo	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ROBERT GUEST	and register ou agent is:	
Address:	50 SE KINDRED ST., SU. 303		
	STUART, FL 34994		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:	·	
Name:	GISELA HEIN		
Address:	7706 SW CITRUS BLVD.		
	PALM CITY, FL 34990		
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg		
~_	The later of the same of the s		3/19/2015
	Required Signature/Degistered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
(3630	I Hain		3-19-15
	Required Signature/Incorporator		Date >> S F € S
			□ · · · · · · · · · · · · · · · · · · ·

Name and Title:_

Name and Title: