P15000074057

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
,	3	
S EP 1 1 2015		
A. DUNLAP		
	TOW W	ľ



800276432978

08/31/15--01007--024 **78.75

SECULTARION SECULTARISTS SECULTARISTS SEE TO THE SECULTARISTS SEE TO THE SECULTARISTS SECULTARISTS SECULTARISTS SECULTARISTS SECURTARISTS SECULTARISTS SECULTARISTS SECURTARISTS SECURTARIS

Office Use Only

COVER LETTER

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

SUBJECT:	Prevatts Produce (PROPOSED CORPORA	tions	
	' (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	▶ \$78.75Filing Fee& Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
FROM:	Brandon P Name 2746 Hidden W		
	Green Cove Spring	56, FL 32047 State & Zip	•
	(99)	6-4020 Telephone number	
		Comcast, net	- ootification)
	L-man address. (to be use	a ioi iuiuie amuan report r	ionneamon)

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)

The name of the corporat	tion shall be:	vatts Pri	oduction	ns (13 MPANY
ARTICLE II PRINC	CIPAL OFFICE Principal <u>street</u> address				ss, if different is:
2746 Hidde	Waters Dr N	_			
GreenCoveSpriv	ngs, FL 32643				
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is:	Advertising	/Mark	eting	
					SEC.
)6 31 A
ARTICLE IV SHARI The number of shares of					7 T. S.
	L OFFICERS AND/OR DIRECT				/
Name and Title	Brandon Prevatt, 2746 Hidden Waters Dr	Pres Name	and Title:	Willian	y Vievatt, VP
Address	Green Cove Springs, FL				idden Waters Dr N ie Springs , fl 32043
	One of covery principal (i.e.				
Name and Title:		Name	and Title:		
Address		Addre	ess:		
Name and Title:		Name	and Title:		
Address		Addre	ess:	_	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: Brandon Preva	++
Address: 2746 Hidden Wa	1.cc \- 1
Green Cove Springe	, FL 32043
ARTICLE VII INCORPORATOR	SEE TLORID
The name and address of the Incorporator is:	
Name: Brandon Pre	watt spirit
Address: <u>2746 Hidden Wi</u>	aters Dr N
Green Cave Spri	ngs, FL 32043
	. (OPTIONAL) Decific and cannot be more than five business days prior or 90 business
days after the filing.) Note: If the date inserted in this block does not me the document's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
	service of process for the above stated corporation at the place designated in ppointment as registered agent and agree to act in this capacity
Brandon Prinatt	8/20/15
Required Signature/Reg	istered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
Brandon Princitt	4/20/16
Required Signature/Incorporator	Date

. . . H 🕠 💝