

PI5 000084031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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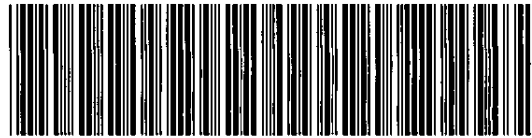
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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15 OCT 13 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 OCT 13 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 Oct 2015 13:00

COVER LETTER

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

SUBJECT: Oldfields Plantation Management, 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: Nicholas A. Graganella

Name (Printed or typed)

970 Booth Lane

Address

Monticello, FL 32344

City, State & Zip

850-521-0742 x225

Daytime Telephone number

jgraganella@pmains.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 Oldfields Plantation Management, Inc.
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
_____	_____
970 Booth Lane	2255 Killlearn Center Blvd
_____	_____
Monticello, FL 32344	Tallahassee, FL 32309
_____	_____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
Provide plantation management services to plantations throughout Jefferson County, Florida.

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ARTICLE IV SHARES 500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas A. Graganella, Pres/Sec/Treas	Name and Title: _____
--	-----------------------

Address 970 Booth Lane	Address: _____
Monticello, FL 32344	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

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: Nicholas A. Graganella
 Address: 2255 Killlearn Center Blvd
 Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

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

Name: Nicholas A. Graganella
 Address: 970 Booth Lane
 Monticello, FL 32344

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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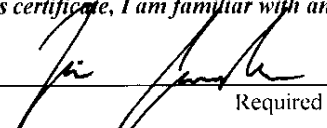
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 6, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

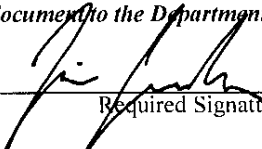
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10/9/15
 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

10/9/15
 Date