

P15000091152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

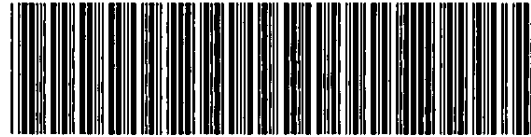
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Certified Copies _____

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EFFECTIVE DATE

11/15/15

FILED
15 NOV -2 PM 4:33
TALLAHASSEE, FLORIDA

NOV 6 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Mother Earth Gardening Company

(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: Jennifer Schmidt
Name (Printed or typed)

124 Lupine Dr.
Address

Saint Johns, Florida 32259
City, State & Zip

904-217-3471
Daytime Telephone number

motherearthgardenco@comcast.net
E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE 11/15/13

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Mother Earth Gardening Company
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

124 Lupine Dr.

Saint Johns, FL 32259

Mailing address, if different is: _____

ARTICLE III PURPOSE to produce vegetable using hydroponic systems to efficiently and
The purpose for which the corporation is organized is: _____
effectively distribute them commercially.

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Schmidt / President Name and Title: _____

Address 124 Lupine Dr. Address: _____

Saint Johns, FL 32259 _____

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:

Jennifer Schmidt

Name: _____

124 Lupine Dr.

Address: _____

Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Jennifer Schmidt

Name: _____

124 Lupine Dr.

Address: _____

Saint Johns, FL 32259

ARTICLE VIII EFFECTIVE DATE: November 15, 2015

Effective date, if other than the date of filing: _____ (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

Jennifer Schmidt

Required Signature/Registered Agent

10/29/15
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.

Jennifer Schmidt

Required Signature/Incorporator

10/29/15
Date