PILOUDIOUT

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
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COVER LETTER

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

SUBJECT: NORTHSTAR FEED MILL & FARM, 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 \$78.75 **3** \$78.75 _ 図 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Stephen C. Reiser Name (Printed or typed) 1785 Shower Tree Way Address Wellington, Florida 33414 City, State & Zip (561) 793-6795 Daytime Telephone number screiser@comcast.net 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

The name of the corporation shall be:

NORTHSTAR FEED MILL & FARM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1785 Shower Tree Way Wellington, Florida 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To grow and manufacture feed for large animals.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen C. Reiser, President & CEO

Address

1785 Shower Tree Way Wellington, Florida 33414

Name and Title: Linda R. Reiser, V. P. & Secretary

Address

1785 Shower Tree Way_ Wellington, Florida 33414

Name:	Stephen C. Reiser_		
Address:	_1785 Shower Tree Way		
	Wellington, Florida 33414		
ARTICLE VII	<u>INCORPORATOR</u>	ALL SEC	
The name and a	address of the Incorporator is:	AHAS EP	
Name:	Stephen C. Reiser	SSEE SIGNATURE STREET	
Address:	1785 Shower Tree Way_	FLO =	
	Wellington, Florida 33414	PH 1:40 PSF STATE EE FLORIDA	
(If an effective days after the f	f other than the date of filing: date is listed, the date must be specific and cannot be more filing.) e inserted in this block does not meet the applicable statutory full effective date on the Department of State's records.	• •	
	med as registered agent to accept service of process for the all am familiar with and accept the appointment as registered a		
	Required Signature/Registered Agent		
document to the	cument and affirm that the facts stated herein are true. I ame pepartment of State constitutes a third degree felony as pro		
Required Signature/Incorporator / / Date			

<u>ARTICLE VI REGISTERED AGENT</u>
The <u>name and Florida street address (P.O. Box NOT acceptable)</u> of the registered agent is: