P16000008385/

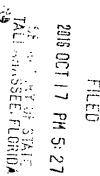
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





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10/17/16--01014--027 **78.75



V HERRING OCT 18 2016

COVER LETTER

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

| SUBJECT: Farm Co Tractor Services Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | | |
|---|--|-------------------------------------|------------------------------------|--|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | | | |
| 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: Orsten Sims Jr. | | | | | | | |
| | 3280 29 th Wenue SW | | | | | | |
| Naples, FLORID 34117 | | | | | | | |
| 239 - 777 - 8155 | | | | | | | |
| Daytime Telephone number | | | | | | | |

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

Suswan 828@ool. Com

E-mail address: (to be used for future annual report notification)

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

FILED

| ARTICLE I NAME The name of the corporation | on shall be: Farm Co | Tractor Services | 2016 OCT 17 PM 5: 27 |
|--|--|---|--|
| ARTICLE II PRINCI | | Mailing add | TALL AMASSEE, FLORIDA dress) if different is: |
| 3280 29 Naples A | th Owenue SW FL 34117 | *************************************** | |
| The purpose for which the | SE e corporation is organized is: 10 USÍNESS | legally operate | a tractor |
| | | | |
| | ock is: 100 | | |
| Name and Title: Address | 031015 Sms.TV 3280 29th Ave Si Naples FL 341 | Name and Title: Address: | |
| Name and Title: | | | |
| Name and Title:_ Address _ | | Name and Title: | |

FILED

| Name and Title: | Name and Title: | 2016 OCT 17 PM 5: 27 |
|---|--|---|
| Address | Address: | TALLAMASSEE, FLORIDA |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a DYSten Sims Address: 3280 29 40 000 Apples FL | acceptable) of the registered agent is: SW 34117 | |
| ARTICLE VII INCORPORATOR | | |
| Name: Sten Sims Address: 3280 9th C Naples FL | Jr. <u>Îve</u> SW 3417 | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifidays after the filing.) | c and cannot be more than five b | usiness days prior or 90 business |
| <u>Note:</u> If the date inserted in this block does not meet the document's effective date on the Department of State | | ments, this date will not be listed as |
| Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoin | = = = | |
| Required Signature Registere | ed Agent | 10.10.2016 Date |
| I submit this document and affirm that the facts state document to the Department of State constitutes a third | d herein are true. I am aware that degree felony as provided for in s.t | the false information submitted in a 817.155, F.S. |
| Required Signature/Incorporator | | 10,10,2016 Date |