

P18000094145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

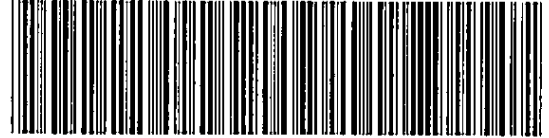
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DAVID McELRATH, P. A.
ATTORNEY AT LAW

2375 Tamiami Trail North, Suite 207
Naples, FL 34103

Telephone (239) 261-6666
dmnaplesfl@gmail.com

November 13, 2018

Dept. of State / Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Gardens by Herb, Inc.

To whom it may concern:

Please find the Articles of Incorporation for the above-referenced corporation to be filed with your office. A check for \$70.00, payable to Florida Dept. of State, is enclosed. Please confirm filing and mail filing information to me at the above email. Thank you for your assistance.

Very truly yours,



David McElrath, Esq.

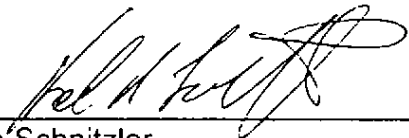
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STATE OF FLORIDA
COUNTY OF COLLIER

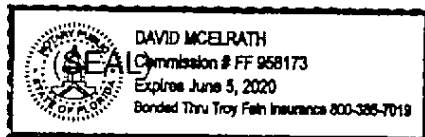
I, Herb Schnitzler, being duly sworn, state:

1. I am over the age of 18 years and have personal knowledge of the statements contained herein.
2. I was the sole member of Gardens by Herb, LLC, which was administratively dissolved on 9/28/2018.
3. I am filing a new Florida corporation using the same name, Gardens by Herb, Inc., and I will not reinstate Gardens by Herb, LLC.

Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts contained in it are true.


Herb Schnitzler

Sworn to or affirmed before me by Herb Schnitzler, who ~~X~~ is personally known to me or () produced a FL driver license as ID, on November 13, 2018




Notary Public, State of Florida

COVER LETTER

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

SUBJECT: GARDENS BY HERB, 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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: HERB SCHNITZLER
Name (Printed or typed)

3816 EXCHANGE AVE.
Address

NAPLES, FL 34104
City, State & Zip

(239) 263-3896
Daytime Telephone number

INFO @ GARDENSBYHERB.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

The name of the corporation shall be: GARDENS BY HERB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3816 EXCHANGE AVE.
NAPLES, FL 34104

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERB SCHWITZLER PT

Name and Title: JUSTIN COURTS, VP

Address: 3816 EXCHANGE AVE
NAPLES, FL 34104

Address: 3816 EXCHANGE AVE.
NAPLES, FL 34104

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: HERTZ SCHNITZLER
Address: 3816 EXCHANGE AVE.
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

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

Name: HERTZ SCHNITZLER
Address: 3816 EXCHANGE AVE.
NAPLES, FL 34104

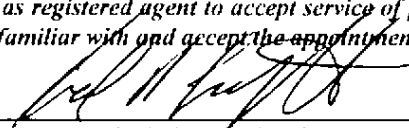
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/15/2018 (OPTIONAL)

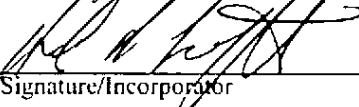
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

X  11/13/18
Required Signature/Registered Agent 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.

X  11/13/18
Required Signature/Incorporator Date