

P 19 000023561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

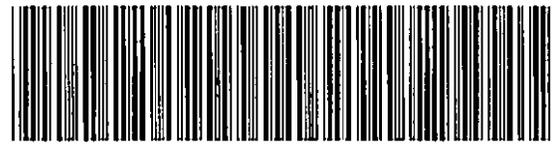
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B 3/21/19



500325846795

500325846795
03/13/19--01019--020 **87.50

TALLAHASSEE

2019 MAR 13 PM 12:10

COVER LETTER

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

SUBJECT: CTKL FARMS, 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: James P. Stevens
Name (Printed or typed)

210 East Forsyth Street
Address

Jacksonville, Florida 32202
City, State & Zip

904-398-2001
Daytime Telephone number

Jamesstevens@jpslawjax.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 CTKL FARMS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7230 N.E. 220th Avenue Mailing address, if different is: _____
Williston, Florida 32696 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: for any and all lawful business purpose and purposes under Florida law.

2019 MAR 13 PM 12:19
FALLENBERGER

ARTICLE IV SHARES 100 Shares, Common \$1.00 par value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Theodore H. Knight, President</u>	Name and Title:	<u>Carol B. Knight, Director</u>
Address	<u>7230 N.E. 220th Avenue</u>	Address:	<u>7230 N.E. 220th Avenue</u>
	<u>Williston, Florida 32696</u>		<u>Williston, Florida 32696</u>

Name and Title:	<u>Tyrie W. Boyer, Director, Vice-President</u>	Name and Title:	<u>Kennedy G. Boyer, Director, Treasurer</u>
Address	<u>501 West Adams Street, Room 7207</u>	Address:	<u>19801 N.W. HWY 335</u>
	<u>Jacksonville, Florida 32202</u>		<u>Williston, Florida 32696</u>

Name and Title:	<u>Lee C. Boyer, Director, Secretary</u>	Name and Title:	_____
Address	<u>7050 N.W. 220th Avenue</u>	Address:	_____
	<u>Williston, Florida 32696</u>		_____

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: James P. Stevens
Address: 210 East Forsyth Street
Jacksonville, Florida 32202

ARTICLE VII INCORPORATOR

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

Name: Theodore H. Knight
Address: 7230 N.E. 220th Avenue
Williston, Florida 32696

ARTICLE VIII EFFECTIVE DATE:

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 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

James P. Stevens
Required Signature/Registered Agent

3/11/2019
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.

Theodore H. Knight
Required Signature/Incorporator

3/11/2019
Date