

P 19 000023561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

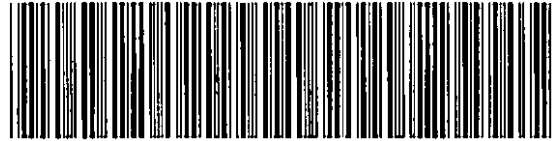
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2019 MAR 13 PM 12:10
TALAMASSEE

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 ☐ \$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: 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

The name of the corporation shall be: CTKL FARMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7230 N.E. 220th Avenue

Williston, Florida 32696

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theodore H. Knight, President

Address: 7230 N.E. 220th Avenue
Williston, Florida 32696

Name and Title: Carol B. Knight, Director

Address: 7230 N.E. 220th Avenue
Williston, Florida 32696

Name and Title: Tyrie W. Boyer, Director, Vice-President

Address: 501 West Adams Street, Room 7207
Jacksonville, Florida 32202

Name and Title: Kennedy G. Boyer, Director, Treasurer

Address: 19801 N.W. HWY 335
Williston, Florida 32696

Name and Title: Lee C. Boyer, Director, Secretary

Address: 7050 N.W. 220th Avenue
Williston, Florida 32696

Name and Title: _____

Address: _____

2018 MAR 13 PM 12:18
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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