

P19000076480

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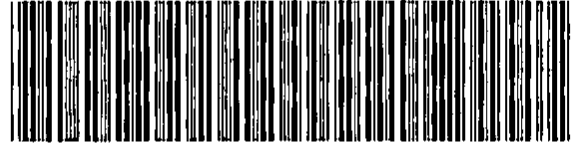
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Office Use Only

W19000082724

OCT 11 2019

F. SCOTT



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09/03/19--01034--023 ++78.75

2019 SEP 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2019

SEAN WOLFER  
5200 SW 61ST AVE  
DAVIE, FL 33314

SUBJECT: CONTINETAL GROWERS  
Ref. Number: W19000082724

We have received your document for CONTINETAL GROWERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Shares whole numbers no percent signs.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 719A00018814

## COVER LETTER

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

SUBJECT: Continental Growers Corp  
(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: Sean Wolfer  
Name (Printed or typed)

5200 SW 61st Ave  
Address

Davie FL 33314  
City, State & Zip

954-581-3555  
Daytime Telephone number

sharon.wolferlandscape@gmail.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: Continetal Growers Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5310 SW. 61st Ave

Davie, FL 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Continetal Growers is a  
nursery growing plants + small trees.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sean Wolfer president Name and Title: \_\_\_\_\_

Address: 5200 SW 61st Ave Address: \_\_\_\_\_

Davie, FL 33314

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2019 SEP 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, 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: Sean Wolfer  
Address: 5200 SW 61<sup>st</sup> Ave  
Davie FL 33314

**ARTICLE VII INCORPORATOR**

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

Name: Sean Wolfer  
Address: 5200 SW 61<sup>st</sup> Ave  
Davie FL 33314


**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*

  
Required Signature/Registered Agent

8/27/19  
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.*

  
Required Signature/Incorporator

8/27/19  
Date