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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Empty Pockets Farm, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2020 JAN -9 AM 11:57
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F S (Profit)

ARTICLE I NAMEThe name of the corporation shall be Empty Pockets Farm, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
6289 65th Street
Vero Beach, FL 32967Mailing address, if different is
P.O. Box 700187
Wabasso, FL 32970**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To raise and sell cattle**ARTICLE IV SHARES**The number of shares of stock is 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title Jeffrey Wilson, Director Name and Title Tammy Wilson, DirectorAddress P.O. Box 700187 Address P.O. Box 700187
Wabasso, FL 32970 Wabasso, FL 32970Name and Title Jeffrey Wilson, President Name and Title Tammy Wilson, Vice PresidentAddress P.O. Box 700187 Address P.O. Box 700187
Wabasso, FL 32970 Wabasso, FL 32970

Name and Title _____ Name and Title _____

Address _____ Address _____

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Name and Title _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P O Box NOT acceptable) of the registered agent is

Name Tammy Wilson

Address 6289 65th Street

Vero Beach, FL 32967

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name Tammy Wilson

Address 6289 65th Street

Vero Beach, FL 32967

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

Tammy Wilson

Required Signature/Registered Agent

12/26/2019

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.

Tammy Wilson

Required Signature/Incorporator

12/26/2019

Date

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