

P2000000 2367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

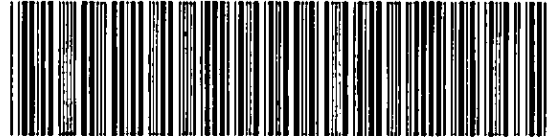
Certified Copies _____ Certificates of Status _____

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Office Use Only

DEC 13 2020

T. SCOTT



300337896593

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2018 DEC 16 AM 9:35
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COVER LETTER

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

SUBJECT: Circle T Growers, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lewis Tyre Name (Printed or typed)

26450 SW 167 Ave.
Address

Homestead, FL 33031
City, State & Zip

305-247-5383
Daytime Telephone number

Starwood2nite@aol.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: Circle T Growers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

26450 SW 167 Ave.

Homestead, FL 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of transacting
any or all lawful business of involved in farming.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lewis Tyre, President

Name and Title: _____

Address

26450 SW 167 Ave.

Address: _____

Homestead, FL 33031

Name and Title: Lewis Tyre, Secretary

Name and Title: _____

Address

26450 SW 167 Ave.

Address: _____

Homestead, FL 33031

Name and Title: Lewis Tyre, Treasurer

Name and Title: _____

Address

26450 SW 167 Ave.

Address: _____

Homestead, FL 33031

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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: Lewis Tyre
Address: 26450 SW 167 Ave.
Homestead, FL 33031

ARTICLE VII INCORPORATOR

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

Name: Lewis Tyre
Address: 26450 SW 167 Ave.
Homestead, FL 33031

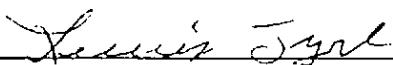
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2020. (OPTIONAL)

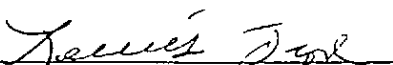
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 12/12/19
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.

 12/12/19
Required Signature/Incorporator Date