

P21000028788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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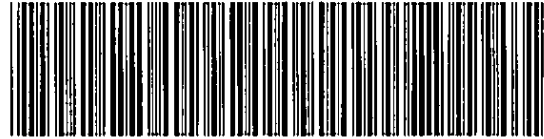
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR -4 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH  
MAR 31 2021



## COVER LETTER

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

SUBJECT: FORDYCE 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

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

FROM: RANDALL FORDYCE  
Name (Printed or typed)

3705 ULMAN AVE  
Address

NORTH PORT, FL. 34286  
City, State & Zip

941-423-1885  
Daytime Telephone number

RLFORDYCE@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: FORDYCE FARMS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3705 ULMAN AVE  
NORTH PORT, FL 34286

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

PURPOSE AUTHORIZED WITHIN THE STATE

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**ARTICLE IV SHARES**

The number of shares of stock is: 20,000

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

Name and Title: RANDALL FORDYCE PRES. Name and Title: KIMBERLY FORDYCE V.P.

Address: 3705 ULMAN AVE Address: 3705 ULMAN AVE  
NORTH PORT, FL. 34286 NORTH PORT, FL. 34286

Name and Title: COURTNEY NEFF TREAS. Name and Title: CASSIE HOLDER SEC.

Address: 2451 LERYL AVE Address: 1914 NW 229TH ST  
NORTH PORT, FL 34286 HIGH SPRINGS, FL. 32643

Name and Title: CASEY FORDYCE DIR.

Address: 1651 OETIMBER CIR SE  
PALM BAY, FL. 32909

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

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



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: RANDALL FORDYCE  
Address: 3705 ULMAN AVE  
NORTH PORT, FL. 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RANDALL FORDYCE  
Address: 3705 ULMAN AVE  
NORTH PORT, FL. 34286

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MARCH 7, 2021 (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*

Randall L Fordyce

Required Signature/Registered Agent

3-2-21

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.*

Randall L Fordyce

Required Signature/Incorporator

3-2-21

Date