

7/16/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**P21000065704**

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL**FLORIDA PROFIT/NON PROFIT CORPORATION****Sarasota Jungle Nurseries, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: Sarasota Jungle Nurseries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

3701 Bay Shore Rd

Sarasota, FL 34234

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal activity/Business Managemetn Services

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chrisotpher Lavick/Director

Name and Title: _____

Address 3701 Bay Shore Rd

Address: _____

Sarasota, FL 34234

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324.

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Laughlin Associates, Inc.

Address: 9120 Double Diamond Pkwy

Reno, NV 89521

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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*

NRAI Services, Inc.

By: Jennifer Tasevoli Jennifer Tasevoli Asst Secretary 7/16/2021

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.

Brent Buscay 07/16/2021

Required Signature/Incorporator Date