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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT:	Mainly Grown Pla PROPOSED CORPORA	int Company I	nc.
	(PROPOSED CORPORA	TE NAME – <u>MUST/INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	icles of incorporation and	l 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
		ADDITIONAL CO	
FROM:		(Printed or typed)	IC.
	33809 TERRAGONA DRIVI	E Address	
	SORRENTO, FL 32776 City,	State & Zip	
_	352-552-3533 Daytime T	elephone number	
	LAKECOUNTYTAXPRO@GM	MAIL.COM	
	E-mail address: (to be used	I for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.



June 30, 2021

FLORIDA SMALL BUSINESS CONSUKTANTS INC. 33809 TERRAGONA DR SORRENTO, FL 32776

SUBJECT: MAINLY GROWN PLANT COMPANY INC.

Ref. Number: W21000094298

We have received your document for MAINLY GROWN PLANT COMPANY INC. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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.

Steve J Kurisko Regulatory Specialist II

Letter Number: 421A00014975

ULI JU 12 PH 2:21

ARTICLES OF INCORPORATION

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

amend to:	Majnely Grow	n Plant Company Inc.			
<u>CIPAL OFFICE</u>	1	,			
BURG, FL 34788	יי 33809 TEF	Mailing address, if different is: ERRAGONA DRIVE SORRENTO, FL.			
					
POSE the corporation is organized is: Fl	LORIDA FOR PROFIT (CORPORATION.			
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		445 112			
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AL OFFICERS AND/OR DIRECTOR	<u>RS</u>				
<i>AL OFFICERS AND/OR DIRECTO</i> e: <u>SHEILA ARAUZ GONZALEZ</u>		MARCOS ARAUZ GONZALEZ			
•		MARCOS ARAUZ GONZALEZ VICE PRESIDENT			
le: SHEILA ARAUZ GONZALEZ	Name and Title:				
e: SHEILA ARAUZ GONZALEZ PRESIDENT	Name and Title:	VICE PRESIDENT			
PRESIDENT 41900 CR 452 LEESBURG, FL 34788	Name and Title: Address:	VICE PRESIDENT 41900 CR 452 LEESBURG, FL 34788			
PRESIDENT 41900 CR 452 LEESBURG, FL 34788	Name and Title: Address: Name and Title:	VICE PRESIDENT 41900 CR 452 LEESBURG, FL 34788			
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PRESIDENT 41900 CR 452 LEESBURG, FL 34788	Name and Title: Address: Name and Title: Address: Name and Title: Address: Address:	VICE PRESIDENT 41900 CR 452 LEESBURG, FL 34788			
	Principal <u>street</u> address BURG, FL 34788	Principal street address BURG, FL 34788 33809 TER OSE the corporation is organized is:FLORIDA FOR PROFIT C			

. Name ar	nd Title:	Name and Title:		
Addres	s	Address:		
		<u> </u>		
				
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Ashley A Jackson			
Address:	33809 Terragona Dr Sorrento, Fi 32776	· <u> </u>	CO.	r_s
	Sorrento Fi 32776		TAL EC:	£1121 J
A DELGA IS LAN			RETARY OF STATE	
	INCORPORATOR		28 20 20	<u>^</u>
	ddress of the Incorporator is: Sheila Arauz Gonzalez		E. T	AM III U4
Name:	41900 CR	_	ATE	ŧ
Address:	Leesburg, FL 34788	_		
ARTICLE VIII Effective date if	EFFECTIVE DATE: 6/23/202 other than the date of filing:	(OPTIONAL)		
(If an effective of filing.)	date is listed, the date must be specific and car	not be more than five days prior or	90 days after t	the
<u>-</u>	inserted in this block does not meet the applica	ble statutory filing requirements, this d	ate will not be	li a
the document's e	effective date on the Department of State's recon-	ds.	ate will not be	ПЭ
Having been nan	ned as registered agent to accept service of proces	s for the above stated corporation at the	e place designat	ted
certificate, I am f	familiar with and accept the appointment as regis	tered agent and agree to act in this cap	acity // 1	
	Required Signature/Registered Agent		0/24/2)	L
I submit this doc	cument and affirm that the facts stated herein a	te true. I am aware that the false info	Date	ier.
document to the	Department of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.	**************************************	
Required Signatu	- Cux Cony		6/24/202	
		Date		