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Alice W. Sander
(Requestor's Name)
P.O. Box 1192
(Address)
Monticello, Florida 32345
(City, State, Zip) (Phone #)
(904) 997-4157

OFFICE USE ONLY

03/03/95 11:11 AM
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida's Bounty, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/> Profit	
<input type="checkbox"/> NonProfit	
<input type="checkbox"/> Limited Liability	
<input type="checkbox"/> Domestication	
<input type="checkbox"/> Other	

AMENDMENTS	
<input type="checkbox"/> Amendment	
<input type="checkbox"/> Resignation of R.A., Officer/Director	
<input type="checkbox"/> Change of Registered Agent	
<input type="checkbox"/> Dissolution/Withdrawal	
<input type="checkbox"/> Merger	

OTHER FILINGS	
<input type="checkbox"/> Annual Report	
<input type="checkbox"/> Fictitious Name	
<input type="checkbox"/> Name Reservation	

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/> Foreign	
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Trademark	
<input type="checkbox"/> Other	

F. CHESSEY MAR 3 1995

Examiner's Initials

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the
following is submitted, in compliance with said Act:

First -- That Florida's Bounty, Inc.
(Name of Corporation)

desiring to organize under the laws of the State of Florida
(State)

with its principal office, as indicated in the articles of incorpo-
ration at City of Monticello, County of Jefferson
(City) (County)

State of Florida, has named:
(State)

Sally D. Walton
(Name of Resident Agent)

located at P.O. Box 1192 (Ashville Highway)
(Street address and number of building,
Post Office Box address not acceptable)

City of Monticello, Fl. 32345, County of Jefferson
(City) (County)

State of Florida, as its agent to accept service of process within
this state.

ACKNOWLEDGEMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the
above stated corporation, at place designated in this certificate,
I hereby accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.

By:

Sally D. Walton
Signature Sally D. Walton
(Resident Agent)

Corp

ARTICLES OF INCORPORATION
OF
FLORIDA'S BOUNTY, INC.

We, the undersigned, do hereby incorporate ourselves under the
Laws of the State of Florida, to wit:

I

NAME

The Name of the corporation shall be:
FLORIDA'S BOUNTY, INC.

II

BUSINESS TO BE TRANSACTED

(1) The Corporation will sell gift boxes of Florida products at
retail and perform related activities.

(2) The corporation does not wish to limit its business
transactions to the above described transactions; therefore the
corporation wishes to state that it may engage in any activities or
business permitted under the laws of the United States and of this
state.

III

CAPITAL STOCK

The corporation is hereby authorized to issue One Thousand (1,000)
shares of Common Stock of the par value of one dollar (\$1.00).

IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation will com-
mence business is Five Hundred Dollars (\$500.00).

V

TERM OF EXISTENCE

This corporation shall have a perpetual existence unless sooner
dissolved according to law.

VI

PRINCIPAL OFFICE

The address of the registered office of the corporation shall be:
P. O. Box 1192 (Anhville Highway), Monticello, Florida 32345 and the
name of the registered agent is SALLY D. WALTON.

VII

NUMBER OF DIRECTORS

In lieu of a Board of Directors, the corporation will be controlled
and managed by its stockholders.

VIII

NAME AND ADDRESSES OF DIRECTORS AND/OR OFFICERS

The officers are as follows:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Alice W. Sander	President and Treasurer	Rt. 4, Box 4012 Monticello, Florida 32344
Sally D. Walton	Vice President and Secretary	Rt. 2, Box 3 Monticello, Florida 32344

IX

SUBSCRIBERS FOR STOCK

The name and address of each subscriber of the Articles of In-
corporation and the number of shares of stock which each agrees to take
are:

<u>NAME</u>	<u>ADDRESS</u>	<u># OF SHARES</u>
Alice W. Sander	Rt. 4, Box 4012 Monticello, Florida 32344	350 shares
Sally D. Walton	Rt. 2, Box 3 Monticello, Florida 32344	350 shares

the proceeds of which will amount to at least Five Hundred Dollars (\$500.00).

X

RIGHTS OF ORIGINAL INCORPORATORS

The original incorporators of this corporation shall have the right
to assign and deliver their subscription of stock herein to any other persons
who may hereafter become subscribers to the capital stock of this corporation,

who, upon acceptance of such assignment, shall stand in lieu of the original
incorporators and assume and carry out all of the rights, liabilities and duties
entailed by said subscriptions, subject to the laws of the State of Florida and
the execution of this power.

In witness whereof, we have hereunto set our hands and seals this 3rd
day of March, 1995.

Alice W. Sander (Seal)
Alice W. Sander

Sally D. Walton (Seal)
Sally D. Walton

____ (Seal)

____ (Seal)

STATE OF FLORIDA
COUNTY OF GADSDEN

I hereby certify that on this 3rd day of March, 1995
personally appeared before me, the undersigned authority, ALICE W. SANDER and
SALLY D. WALTON each to me
well known and well known to me to be the individuals of those names described
in and who executed the foregoing Articles of Incorporation, and they acknowl-
edged to and before me the execution thereof as their free and voluntary act
and deed for the uses and purposes therein set forth and expressed. Driver licenses
were submitted for identification purposes.

In witness whereof, I have hereunto set my hand and seal the date
first above written.

Billy D. Register
Billy D. Register
Florida Notary Public

(SEAL)

