

P95000032480

TRANSMITTAL LETTER

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

200001464692
-04/26/95--01002--003
*****70.00 *****70.00

SUBJECT: WHOLESALE PINE STRAW CO., INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Robert Lee Byrd
Name (printed or typed)
2704 Rosselle St
Address
Jacksonville, Fl 32205
City, State & Zip
904-388-7487
Daytime Telephone number

NANCY HENDRICKS APR 26 1995

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

ARTICLES OF INCORPORATION

FILED
95 APR 26 AM 8 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WHOLESALE PINE STRAW CO., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2704 Rosselle Street, Jacksonville, Fl 32205

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares Common, non-par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Lee Nyrd
2704 Rosselle St
Jacksonville, Fl 32205

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROBERT LEE BYRD
2704 Rosselle Street
Jacksonville, FL 32205

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 24th _____ day of _____ April _____, 19 95 .

Robert Lee Byrd
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WHOLESALE PINE STRAW CO., INC.

2. The name and address of the registered agent and office is:

ROBERT LEE BYRD

(Name)

2704 Rosselle Street

(P.O. Box ~~not~~ acceptable)

Jacksonville, Fl 32205

(City/State/Zip)

FILED
MAR 25 1987
TALLAHASSEE, FL

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Lee Byrd
(Signature)