

095000043839

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Master No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 PM 1:13

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY DB _____

WALK-IN
Will Pick Up 6:7 12pm

RE: Tropigreen Cul Foliage, Inc.

G.C. FEE. DISBURSED

☒ Capital Express™
☒ Art. of Inc. File
☐ Corp. Record Search
☐ Ltd. Partnership File
☒ Foreign Corp. File
☐ () Cert. Copy(s)

☐ Art. of Amend. File
☐ Dissolution/Withdrawal
☐ C U S- _____
☐ Fictitious Name File

☐ Name Reservation
☐ Annual Report/Reinstatement
☐ Reg. Agent Service
☐ Document Filing

☐ Corporate Kill
☐ Vehicle Search
☐ Driving Record
☐ Document Retrieval

☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval
☐ File No.'s. _____ Copies
☐ Courier Service
☐ Shipping/Handling
☐ Phone () _____
☐ Top Priority
☐ Express Mail Prop.
☐ FAX () _____ pgs.

SUBTOTALS

FEE..... \$
DISBURSED..... \$
SURCHARGE..... \$
TAX on corporate supplies..... \$
SUBTOTAL..... \$
PREPAID..... \$
BALANCE DUE..... \$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

**ARTICLES OF INCORPORATION
OF
TROPIGREEN CUT FOLIAGE, INC.**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 PM 1:13**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is TROPIGREEN CUT FOLIAGE, INC.

**ARTICLE II. PRINCIPAL OFFICE OR MAILING
ADDRESS OF CORPORATION**

The principal office and mailing address of this corporation is: 7071 No. 2 Road, Howey-In-The-Hills, Florida 34737.

ARTICLE III. CAPITAL STOCK

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

Five thousand (5,000) shares of common stock
all of one class, having a nominal or par
value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1000 West Main Street, Leesburg, Florida 34748, and the name of the initial registered agent of this corporation at that address is Kevin A. Sentner.

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ARTICLE V. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is James H. Mayfield, Jr., 7071 No. 2 Road, Howey-In-The-Hills, Florida 34737.

ARTICLE VI. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 6th day of June, 1995.

James H. Mayfield, Jr.
James H. Mayfield, Jr., Incorporator

ACCEPTANCE BY REGISTERED AGENT:

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Kevin A. Sentner
Kevin A. Sentner

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 6
day of June, 1995, by James H. Mayfield, Jr., Incorporator, who did
not take an oath.

Janice B. Mansfield
NOTARY PUBLIC-STATE OF FLORIDA
(Signature of Notary)

[SEAL]

JANICE B. MANSFIELD
Typed name of Notary)

(Commission Number)

Personally known _____ or
Produced Identification ✓

Type of Identification
Produced: Fla. Driver's Lic.

j/corpform/tropigra.art

