

P95000072296

TRANSMITTAL LETTER

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

SUBJECT: THE TROPICAL ORCHID CO.  
(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

Additional Copy Required

W9518148

FROM: DALE E LAROCK  
Name (printed or typed)

443 SANDCOVE DR.  
Address

SANFORD FL, 32773  
City, State & Zip

(407) 324-5825  
Daytime Telephone number

200001577548  
-03/05/95--01093--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SEP 19 1995

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 8, 1995

DALE E. LAROCK  
443 SANDCOVE DR.  
SANFORD, FL 32773

SUBJECT: THE TROPICAL ORCHID CO.  
Ref. Number: W95000018148

We have received your document for THE TROPICAL ORCHID CO. 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 document must state the number of shares of authorized stock.

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 (904) 487-6928.

Agnes Lunt  
Corporate Specialist

Letter Number: 695A00041616

## ARTICLES OF INCORPORATION

RECORDED  
INDEXED  
FEB 13 1973 PM 3:38

*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:

THE TROPICAL ORCHID CO.

### ARTICLE II PRINCIPAL OFFICE

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

443 SANDCOVE DR.  
SANFORD FL, 32773

### ARTICLE III SHARES

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

1500 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DALE E LAROCK  
443 SANDCOVE DR.  
SANFORD FL, 32773

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

DALE E LAROCK  
443 SAND COVE DR.  
SANFORD FL, 32773

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

1<sup>ST</sup> day of SEPTEMBER, 19 95

Dale E Larock  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

DATE  
9-1-95  
PM 3:39

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: THE TROPICAL ORCHID CO.

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

DALE E LAROCK  
(NAME)

443 SANDCOVE DR.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SANFORD FL 32773  
(CITY/STATE/ZIP)

*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.*

Dale E Larock  
(SIGNATURE)

9-1-95  
(DATE)