

P960000 72071

TRANSMITTAL LETTER

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

600001937296
-09/03/96--01009--006
***131.25 ***131.25

SUBJECT: Transplanters, Inc.

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

FROM: Thomas J. Healey and William Ritch Smith
Name (printed or typed)

15383 Los Angeles Drive
Address

Loxahatchee, Florida 33470
City, State & Zip

(561) 753-7400
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 AUG 29 AM 11:28

FILED

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

July 17, 1996

THOMAS J. HEALEY OR WILLIAM R. SMITH
15383 LOS ANGELES DRIVE
LOXAHATCHEE, FL 33470

SUBJECT: TRANSPLANTERS, INC.
Ref. Number: W96000014904

We have received your document for TRANSPLANTERS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$131.25.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 396A00034577

ARTICLES OF INCORPORATION

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 Transplanters, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 15383 Los Angeles Drive, Loxahatchee, Florida 33470.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 200 shares of common stock having a par value of \$5 per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is Tara L. Healey, 15383 Los Angeles Drive, Loxahatchee, Florida 33470.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) of these Articles of Incorporation is(are): Thomas J. Healey, III, and William Ritch Smith, 15383 Los Angeles Drive, Loxahatchee, Florida 33470.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9 day of July, 1996.

William Ritch Smith
Signature

Thomas J. Healey, III
Signature

FILED
96 AUG 29 11:28
TALLAHASSEE, FLORIDA

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

FILED

96 AUG 27 AM 11 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Transplanters Inc.

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

Tara L. Henley

(NAME)

15383 Los Angeles Drive

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

Lakeland, Florida 33470

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above named 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.

Tara L. Henley
(SIGNATURE)

July 9 96
(DATE)