TRANSMITTAL LETTER Department of State

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

700002100327--5 -02/27/97--01091--011 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Michigan) Agricultural Enterprises of Florida PNC.
(Proposed corporate name - must include suffix) SUBJECT:

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

S131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: LESLIE H- AYERS

Name (Printed or typed)

3941 N.E. ZZNd. AU. Address

352-401-0448 / 352-368-7982 Daytime Telephone number

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

D. DROWN FEB 2 7 1997

# ARTICLES OF INCORPORATION

ON SECRETARY SO STATE

97 FEB 27 PH 1: 00

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:

Michigan Agricultural Enterprises of Florida Inc.

### ARTICLE II PRINCIPAL OFFICE

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

3941 N.E. ZZNd. Au.
Ocala Fl. 34479

### ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LESIE H. AYERS 3941 N.E. ZZNO. AU. OCALA FI. 34479

## 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):

LESIE HAMEED 3941 N.E. ZZDQ. AV. OCALA FI. 34479

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

27 day of JANUARY, 19 97

(An additional article must be added if an effective date is requested.)

Report d. a. Signature

Kurla M. Ayers

Signature

# Notarization is not required

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

# CERTIFICATE OF DESIGNATION OF PA 1:00 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 nar	e of the corporation is Michigan Agricultural Enterprises of Floride In	ዾ
2. The na	e and address of the registered agent and office is:	
	Leslie H. ALLES (NAME)	
	394( N.E. ZZいは、 AU . (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	
	OCALA FL. 34479 (CITY/STATE/ZIP)	
	(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.

Reperie H. Olyen JAN 27 97
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314