

P97000036569

TRANSMITTAL LETTER

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

SUBJECT: Mid State Coretaking & Harvesting, Inc.
(Proposed corporate name - must include suffix)

700002151477--6
-04/23/97--01038--001
*****78.50 *****78.50

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: Ricky + Vickie Durrance
Name (Printed or typed)

1557 CR 29
Address

Lake Placid, Fla 33852
City, State & Zip

941-699-6444
Daytime Telephone number

FILED
97 APR 23 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 11:35B

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

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:

Mid State Caretaking + Harvesting, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

*1557 CR 29
Lake Placid, Fla 33852*

ARTICLE III SHARES

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

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Vickie Durrance
1557 CR 29
Lake Placid, Fla 33852*

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):

Ricky Durrance

Vickie Durrance

1557 CR 29

Lake Placid, Fla 33852

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

21 day of April, 19 97.

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


Signature


Signature

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
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 Caretaking
Mid State Caretaking + Harvesting, Inc
Lake Placid Fla, 33852

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

Vickie Durrance
(NAME)

1557 CR 29
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lake Placid, Fla 33852
(CITY/STATE/ZIP)

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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.

Vickie Durrance
(SIGNATURE)

4-21-97
(DATE)