

P97000037214

TRANSMITTAL LETTER

97 APR 25 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800002151179--8  
-04/22/97-01097-014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: NURSERYMENS CO-OP, INCORPORATED  
(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

FROM: CRAIG MITCHELL

Name (printed or typed)

5460 GODFREY ROAD

Address

POMPANO BEACH, FLORIDA. 33067

City, State & Zip

(954) 757-7527

Daytime Telephone number

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

PH  
4/25/97  
94123  
204/12347



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 23, 1997

CRAIG MITCHELL  
5460 GODFREY RD  
POMPANO BEACH, FL 33067

SUBJECT: NURSERYMENS CO-OP, INCORPORATED  
Ref. Number: W97000009423

We have received your document for NURSERYMENS CO-OP, INCORPORATED 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 registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 597A00020846

June 26<sup>th</sup> 1997

Dear Ms. Hall,

Thank-you for All of your  
help Over the Phone This Morning. I  
Very Much Appreciate it.

Hopefully I have Complexed this  
Correctly, if you have Any Questions  
Please Call Me AT 954-757-7527  
OR TOLL free AT 1-888-509-7500

Thanks Again

Chris Mitchell

FILED

ARTICLES OF INCORPORATION 97 APR 25 PM 3: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

NURSERYMENS CO-OP, INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

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

8020 WILES ROAD  
CORAL SPRINGS, FLORIDA. 33067

ARTICLE III SHARES

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

100 Shares Par value \$ 1.00 per Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CRAIG MITCHELL

8020 Wiles Road ~~8020 Wiles Road~~ FLORIDA 33067

CORAL SPRINGS,

CRAIG Mitchell

8020 Wiles Road

CORAL SPRINGS, FLORIDA 33067

**ARTICLE V INCORPORATOR(S)**



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

PRESIDENT: CRAIG MITCHELL  
5460 GODFREY ROAD  
POMPANO BEACH, FLORIDA. 33067

SECRETARY TRESURER: CRAIG MITCHELL  
5460 GODFREY ROAD  
POMPANO BEACH, FLORIDA. 33067

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

21st. day of APRIL, 1997

  
\_\_\_\_\_  
Signature President  
  
\_\_\_\_\_  
Signature Sec Treasurer  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: NURSERYMENS CO-OP, INCORPORATED

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

CRAIG MITCHELL

(Name)

8020 WILES ROAD

(P.O. Box not acceptable)

CORAL SPRINGS, FLORIDA. 33067

(City/State/Zip)

SECRET  
TALLAHASSEE, FLORIDA

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FILED

*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.*

  
(Signature)

PRESIDENT 4-23-97

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