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TRANSMITTAL LETTER

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

800002325538--5
-10/21/97--01046--002
*****78.75 *****78.75

SUBJECT: COCONUT WILLIE'S NURSERIES, INC.
(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

FROM: JACQUELINE E CREATH
Name (Printed or typed)

PO BOX 6513
Address

KEY WEST, FL 33041
City, State & Zip

905-296-5601
Daytime Telephone number

FILED
97 OCT 21 PM 8 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Nedau OCT 23 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COCONUT WILLIE'S NURSERY, INC.

ARTICLE II PRINCIPAL OFFICE

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

5180 US HWY 1 + CROSS STREET
KEY WEST, FL 33040

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JACQUELINE E CREATH
10717 W BONITA DRIVE
SUGARLOAF KEY, FL 33044

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JACQUELINE E CREATH
10717 W. BONITA DR.
SUGARLOAF KEY, FL 33044

Jacqueline E Creath
Signature/Incorporator

OCT 14, 1997

Date

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

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

Jacqueline E Creath
Signature/Registered Agent

OCT 14, 1997

Date

FILED
97 OCT 21 PM 8 21
SEC. OF STATE
TALLAHASSEE, FLORIDA