## TRANSMITTAL LETTER

## P98000032120

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

**000002480360**--3 -04/06/98--01133--003 \*\*\*\*131.25 \*\*\*\*131.29

SUBJECT: Splash of Color Farm Inc.

(Proposed comprate 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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Charlotte Sims + Paul E Sims

23431 New Hope Ln.

Howey in the Hills, 71, 34737

352-324-2104

Daytime Telephone number

SECRETARY OF STATE STATE OF CORPORATION OF CORPORAT

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

7y c4-08-98

FILED
SECRETARY OF STATE
MISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

NAME

ARTICLE I

98 APR -6 AM 8: 45

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

The name of the corporation shall be:
Splash of Color Farm, Inc.
ARTICLE II PRINCIPAL OFFICE
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3343/ New Nope Sx, II. 34737  Nowey in the Nills  APTICLE 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:
Charlette Sins 23431 New Hope La Ila 34737
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Charlotte Sims 23431 New Hope Ln. Howey in the Hills, FL 34737
Splash of Color Farm Inc.
Charlotte Sims 4/1/98
Signature/Incorporator 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

Signature/Registered Agent

Date