

P98000045155
TRANSMITTAL LETTER

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

400002526854--7
-05/18/98--01042--004
*****70.00 *****70.00

SUBJECT: STILL WATERS NURSERY 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 18 PM 3:17

FROM: CHUCK POSCH
Name (printed or typed)

1075 MOON LAKE DRIVE
Address

NAPLES, FLORIDA 34104
City, State & Zip

941-262-3618
Daytime Telephone number

5/5/20

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:

STILL WATERS NURSERY INC.

ARTICLE II PRINCIPAL OFFICE

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

1075 MOON LAKE DRIVE
NAPLES, FLORIDA 34104

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHARLES G. POSCH
1075 MOON LAKE DR.
NAPLES, FLORIDA 34104

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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):

CHARLES G. POSCH
1075 MOON LAKE DR.
NAPLES, FLORIDA 34104

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

15 day of MAY, 19 98.

Charles G. Posch
Signature

Kelly Brady
Signature

Forrest Posch
Signature

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: STILL WATERS NURSERY INC.
2. The name and address of the registered agent and office is:

CHARLES G. POSCH
(NAME)

1075 MOON LAKE DR.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

NAPLES, FLORIDA 34104
(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.

Charles G. Posch
(SIGNATURE)

5/15/98
(DATE)