## TRANSMITTAL LETTER

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

**EFFECTIVE DATE** 07-01-98

WORKERS COOPERATIVE, INC. AGRICULTURAL (Proposed corporate name - must include suffix) 200002564432--1 -06/18/98--01071--018 \*\*\*\*122.50 \*\*\*\*122.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **⊠**\$122.50 \$131.25 \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED LUCKNER MILLIEN

Name (Printed or typed) FROM:

# 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:

WORKERS COOPERATIVE, INC. AGRICULTURAL

#### PRINCIPAL OFFICE ARTICLE II

EFFECTIVE DATE

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

815 S. PARK AVENUE, APOPKA, FL 32703

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

500 phares of common stock, no par value, and 50,000 phares of preferred stock, par value 1,00 per share.

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SISTER GAIL GRIMES 815 S. PARK AVENUE APOPKA, FL 32703

INCORPORATOR

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

LUCKNER MILLIEN

815 S. PARK AVENUE APOPKA, FL 32703

Signature/Incorporator

EFFECTIVE DATE ARTICLE VI

> THE EFFECTIVE DATE WILL BE JULY 1, 1998

(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