

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

SUBJECT:	Cross Poll (Proposed corpo	ination Inc.	fix)	-
		200002657 -10/07/980 ****131.25	*****87.50	
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for :	-
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy		
		ADDITIONAL CO	PY REQUIRED	
FROM:	Richard Mc Name (Printe	Minn CPA ad or typed)		FILED 98 0CI 28
	1309 Gloucester St. Address FES			
	Brunswick City, Stat	<u>GA 31520</u> e&Zip	TATE ORIDA	FILED
<u> </u>	(912) 267- Daytime Telep	hone number	m 10/28/	98
		λ.	Mula	

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

ARTICLES OF INCORPORATION

OF

CROSS POLLINATION, INC.



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.

The name of the corporation shall be Cross Pollination, Inc.

ARTICLE II.

The principal place of business and mailing address of this corporation shall be 4520 White Ash Road, Molino, Florida 32577.

ARTICLE III.

The Corporation shall have authority, acting by its board of directors, to issue not more than 100,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV.

The name and address of the initial registered agent is the following:

Lila Terhune 4520 White Ash Road Molino, FL 32577

ARTICLE VI.

The name and street address of the incorporator to these Articles of Incorporation is the following:

Lila Terhune 4520 White Ash Road Molino, FL 32577 The undersigned incorporator has executed these Articles of Incorporation this 26th day of October, 1998.

Lila Serhune

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	Cross Polliv	ration, Inc.		
_				
2. The name and address of the regi	stered agent and office is:			
(P. O.	Lila Terhune (NAME) H520 White Asl Box or Mail Drop Box NOT Molino, FL 321 (CITY/STATE/ZIP)	AROOD ACCEPTABLE)	SECREJARY OF STATE TALLAHASSEE, FLORID/	98 OCT 28 AM IO: 20
Having been named as registered as at the place designated in this certifito act in this capacity. I further agrand complete performance of my duas registered agent.	icate, I hereby accept the a ree to comply with the prov	appointment as registered visions of all statutes relat	tated corpor agent and c ing to the p	cos ration agree roper
Li Da Jerhune (SIGNATURE)		10/26/98 (DATE)	<u> </u>	ñ