794000055289

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

SUBJECT:	McClellan	Sod	Farm	Inc.
	(Prop	osed corpora	ate name - must	include suffix)

000002308300--3 -06/18/99--01001--015 ******78 75 *****78 75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$87.50
Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

**ADDITIONAL COPY REQUIRED*

FROM: Gus T. McClellan

Name (Printed or typed)

P.O. Box 16, County Road 19

Address

Clarksville, FL 32430

City, State & Zip

(850) 674 4651

Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be:

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

The name of the corporation shall be:	McClellan Sod Farm, In	С,
County Road 19 : P.O	ling address of this corporation shall be-	·
ARTICLE III SHARES The number of shares of stock that this of	corporation is authorized to have outstanding	
100	sorporation is authorized to have outstanding	g at any one time is:
ARTICLE IV INITIAL REGIS	STERED AGENT AND STREET AD	DDRESS
The name and Florida street address of t Gus T. McClellan	he initial registered agent are:	TAT HS Se Se
County Road 19		SECRETARY OF STATE RULLAHASSEE, FLORIDA
Clarksville, FL 324	30 _	
ARTICLE V INCORPORATO	R	
The <u>name and address</u> of the incorpora	tor to these Articles of Incorporation are:	THE REPORT
Gus T. McClellan		£8
P.O. Box 16	.	Ş₩ 33
Clarksville, FL 3243	30	
Gus T. mi (Kellan	Sune	M 59
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 ah	ove stated com	ovation at the m	lana danimumi di udi
certificate, I hereby accept the appointment as registered agent	and agree to get	in this semesis	. T.C	ace aesignatea in this
provisions of all statutes relating to the proper and sometime	unu agree to act	in inis capacity). I jurther agre	ee to comply with the
provisions of all statutes relating to the proper and complete obligations of my position as registered agent	perjormance of i	my duties, and	' I am familiar	with and accept the
oonganons of my position as registered agent	₹	_		
() n. cc, 00				~ -

Signature/Registered Agent

Date