

P9900088665

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

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-10/07/99--01053--006
*****87.50 *****87.50

SUBJECT: WATCH ME GROW, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: BILLIE A. JORDAN
Name (Printed or typed)

6246 GLOUCESTER RD
Address

JACKSONVILLE, FL 32216
City, State & Zip

(904) 727-3929
Daytime Telephone number

APPROVED
FILED
OCT 7 1999
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

VB
10-7-99
22

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: WATCH ME GROW, INC.

ARTICLE II PRINCIPAL OFFICE

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

6266 GLOUCESTER RD
JACKSONVILLE, FL 32216

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BILLIE A. JORDAN
SAME AS ABOVE

ARTICLE V INCORPORATOR

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

BILLIE A. JORDAN
6266 GLOUCESTER RD
JACKSONVILLE, FL 32216

Billie A. Jordan
Signature/Incorporator

10/07/99
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

Billie A. Jordan
Signature/Registered Agent

10/07/99
Date

APPROVED
AND
FILED
99 OCT - 7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA