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TRANSMITTAL LETTER

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

200003055042--8
-11/29/99-01079-007
*****87.50 *****87.50

SUBJECT: RIVERSIDE 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: VICTOR L. FIELD BINDER
Name (Printed or typed)

1653 CANOE CREEK RD
Address

OVIDO, FL 32766
City, State & Zip

404-366-3787
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 29 AM 10:12

FILED

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

T BROWN DEC - 2 1999

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

The name of the corporation shall be:

Riverside Nursery, Inc.

ARTICLE II

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

1653 Canoe Creek Road
Oviedo, FL 32766

ARTICLE III

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

1,000 Shares, with voting rights.

4,000 Shares, with no voting rights.

ARTICLE IV

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

Victor L. Fieldbinder
1653 Canoe Creek Road
Oviedo, FL 32766

ARTICLE V

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

Victor L. Fieldbinder
1653 Canoe Creek Road
Oviedo, FL 32766


Signature/Incorporator

9-12-99
Date

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 obligations of my position as registered agent.


Signature/Registered Agent

9-12-99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA