

Division of Corporations

Page 1 of 1

P 02000078241

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

Oak Farms Nursery Wholesale & Retail, Inc.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE  
TALCAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Oak Farms Nursery Wholesale & Retail, Inc.

ARTICLE II PRINCIPAL OFFICE

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

850 Indiana Avenue, North  
Englewood, Florida 34223

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
1,000 (One Thousand) Shares

ARTICLE IV INITIAL OFFICERS

The initial officers of the corporation are:

Billy F Newberry  
850 Indiana Avenue, North  
Englewood, Florida 34223

President, Treasurer

Susan Newberry  
850 Indiana Avenue, North  
Englewood, Florida 34223

Vice President, Secretary

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

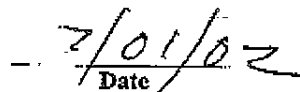
Susan Newberry  
850 Indiana Avenue, North  
Englewood, Florida 34223

ARTICLE VI INCORPORATOR

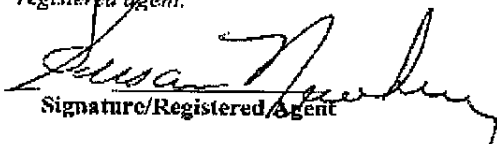
The name and address of the incorporator to these Articles of Incorporation are:

Susan Newberry  
850 Indiana Avenue, North  
Englewood, Florida 34223

  
Signature/Incorporator

  
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 the obligations of my position as registered agent.

  
Signature/Registered Agent

  
Date