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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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11 NOV - 7 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ASKA FARMS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Aska Farms, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 818 SE 4th Street #405
Fort Lauderdale, FL 33301

Mailing address, if different is:
PO Box 030488
Fort Lauderdale, FL 33303-0488

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
General Business Enterprise

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Salvatore Adamo Executive Vice President
Address: PO Box 030488 Fort Lauderdale, FL 33303-0488

Name and Title: Mary Morgan Director
Address: PO Box 030488 Fort Lauderdale, FL 33303-0488

Name and Title: David Guenette Director
Address: PO Box 030488 Fort Lauderdale, FL 33303-0488

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: S. Charles Adams
Address: 818 SE 4th Street #405
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: S. Charles Adams
Address: 818 SE 4th Street #405
Fort Lauderdale, FL 33301

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
Date: 11-4-11

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator
Date: 11-4-11

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