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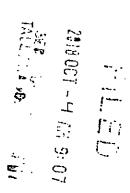
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K. Brumbley

## **COVER LETTER**

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

SUBJECT: AS 7	PRO TROPICAL (PROPOSED CORPOR	IS INC.	
	(PROPOSED CORPOR	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fec & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
			<del> </del>
FROM:	MARIA C CAL	derov (Printed or typed)	-
9311 S.W. 88 Tex. Address			

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

AGRATIONICALS HOT mail. COM E-mail address: (to be used for future annual report notification)

## Alfredo R. Matar

Tel: 786.387.6536

September 21, 2018

To:
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Re: AGPRO TROPICALS INC. / DOCUMENT # P03000089663

I, Alfredo R. Matar, owner PVST of Agpro Tropicals Inc. / Document # P03000089663 will not be reinstating nor ever use the same name in any new filing. If you have any questions please feel from to contact me at the number above.

Alfredo R Matar

## ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) ARTICLE I NAME The name of the corporation shall be: AGPRO TROPICALS TNC. ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: 9311 Sw 88 Tex P.O. Box 66921 MIANI, FL. 33176 MIAHI, FL 33166 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any land business Activity. FOODSERVICE ( WHOLESALE PRODUCE FRESH FRUITS VF62 AND HERBS. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY THE BYLAWS. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MARIA C. CALDERON ame and Title: Address Name and Title:\_\_\_\_\_ Name and Title:\_\_\_\_ Address \_\_\_\_\_\_ Address: Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Address:

Address

Name and Title:	Name and Title:	··· · · · · · · · · · · · · · ·
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Name and Title:	Name and Title:	
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	REGISTERED AGENT	
	Initial street address (P.O. Box NOT acceptable) of the register  HAPIA C. CALDERON	red agent is:
Name:		
Address:	9311 S.W. 88 THER. HIAMI, FL 33176	
	HIAMI, FL 33176	
	INCORPORATOR  Incorporator is:	
Name:	MARIA C. CALDERON	
Address:	9311 S.W. 88 TA. HIATI FL 33A6	
	HIAN , FL 33A6	
ARTICLE VIII	EFFECTIVE DATE:	(OP#100)
Effective date, if	other than the date of filing: 10 01 2018 late is listed, the date must be specific and cannot be more t	(OPTIONAL) han five days prior or 90 days after the filing.)
	•	
	inserted in this block does not meet the applicable statutory fil	ing requirements, this date will not be listed as the
	nve date on the Department of State's records	
	tive date on the Department of State's records.	
document's effect  Having been na	tive date on the Department of State's records.  med as registered agent to accept service of process for the acceptian with and accept the appointment as registered agent and acceptions.	
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Having been na certificate, I am	med as registered agent to accept service of process for the and amiliar with and accept the appointment as registered agent and accept the appointment as registered agent and Required Signature of Registered Agent aument and affirm that the facts stated herein are true. I am away	ad agree to act in this capacity  10 01 2016  Date  are that any false information submitted in a doc
Having been na certificate, I am	med as registered agent to accept service of process for the and accept the appointment as registered agent and accept the	ad agree to act in this capacity  10 01 2016  Date  are that any false information submitted in a doc