

200003205472

EXPRESS CORPORATE FILING SERVICE INC  
(Requestor's Name)  
1000 PONCE DE LEON BLVD. STE:112  
(Address)  
CORAL GABLES, FLORIDA 33134  
(City, State, Zip)  
(305) 444-4994 (305) 444-4977  
(Phone#) (FAX#)

OFFICE USE ONLY  
00 APR 12 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

RECEIVED

00 APR 12 AM 10:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TROPICAL JUICES DISTRIBUTORS, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-04/12/00--01022--024  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

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TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**TROPICAL JUICES DISTRIBUTORS, INC.**

The undersigned incorporators, 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:

**TROPICAL JUICES DISTRIBUTORS, INC.**

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business of said corporation shall be at:

**10941 WEST CLAIRMONT CIRCLE  
TAMARAC, FL 33321**

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III**

**CAPITAL STOCK**

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

**Five Hundred Shares**

Articles of Incorporation

**ARTICLE IV**

**INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Myrna Velilla  
16724 Sapphire Springs  
Weston, Fl 33331**

**ARTICLE V**

**INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are:

<b>NAME</b>	<b>ADDRESS</b>
<b>Myrna Velilla– President, Treasurer</b>	<b>16724 Sapphire Springs Weston, Fl 33331</b>
<b>Carlos Martinez-V.P., Secretary</b>	<b>16724 Sapphire Springs Weston, Fl 33331</b>

Articles of Incorporation

**IN WITNESS WHEREOF, WE,** the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 10th day of April, 2000

**WITNESSES**

*Edson Ranao*

*Myrna Velilla*  
Myrna Velilla - President, Treasurer

*Volta Casal*

*Carlos Martinez*  
Carlos Martinez, V.P., Secretary

**STATE OF FLORIDA )**

**) SS:**

**COUNTY OF DADE )**

**BEFORE ME,** the undersigned authority, personally appeared **Myrna Velilla and Carlos Martinez,** who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signer respectively and the facts and matters therein set forth are true and correct.



Juan Taboada  
MY COMMISSION # CC64412 EXPIRES  
September 29, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

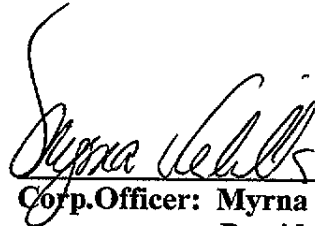
*J. Taboada*  
Notary Public

Articles of Incorporation

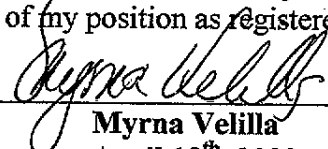
**CERTIFICATE DESIGNATING RESIDENT AGENT**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:  
**TROPICAL JUICES DISTRIBUTORS, INC.**
2. The name and address of the registered agent and office is:  
**Myrna Velilla**  
**16724 Sapphire Springs**  
**Weston, FL 33331**

  
**Corp. Officer: Myrna Velilla**  
**President**  
**Date: April 10th, 2000**

Having been named to accept service of process for the above stated corporation at 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.

  
**Myrna Velilla**  
**April 10<sup>th</sup>, 2000**

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF DADE )

**I HEREBY CERTIFY** that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgments, personally appeared **Myrna Velilla** to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

**IN WITNESS WHEREOF**, I set my hand and official seal in the County and State named above, this 10th day of March, 2000



Juan Taboada  
MY COMMISSION # CC684412 EXPIRES  
September 29, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

A handwritten signature in cursive script, reading "Juan Taboada", written over a horizontal line.

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