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LAZARUS CORPORATE FILING SERVICE

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3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

SECRETARY OF STATE AND TO SECRETARY OF STATE ONS

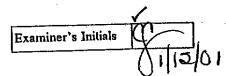
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	\times	Profit		Amendment			•
1		NonProfit		Resignation of R.A	A., Officer/Director	号号 F	
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OTHER FUNGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
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•	Limited Partnership
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	Trademark
	Other

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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CERTIFICATE OF INCORPORATION OF O.R. PRODUCE, INC.

ARTICLE I- THE NAME OF THE CORPORATION SHALL BE: O.R. PRODUCE, INC

ARTICLE II NATURE OF BUSINESS: The Corporation may engage in any activity or business permited under the law of THE STATE OF FLORIDA AND OF THE UNITED STATE OF AMERICA.

ARTICLE III AUTHORIZED CAPITAL STOCK:

The maximum numbers of share of stock that this corporation is authorized to have outstanding is FIVE HUNDRED SHARE (500) HAVING A PAR VALUE OF \$1.00 (ONE DOLLAR) PER SHARE.

IV INITIAL CAPITAL:

The initial capital with which this Corporation will begin business is FIVE HUNDRED DOLLARS (\$500).

ARTICLE V - OTHERS

THE CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED FURSUANT TO A PLAN UNDER SECTION 1244 OF THE INTERNAL REVENUE CODE. AND SUBSEQUENT CHANGES AND MODIFICATIONS. ALL OF THE STOCKS AND SECURITIES IN LIEU OF CASH OR AT JUST VALUATION TO BE DETERMINE BY THE BOARD OF DIRECTORS.

ARTICLE VI - TERM OF EXISTENCE

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE VII INITIAL ADDRESS

THE INITIAL STREET ADDRESS IN THIS STATE OF THE PRINCIPAL OFFICE OF THE CORPORATION SHALL BE: P.R. no. 2 BOX 198 CLESWTON FLORIDA 33440.

THE NUMBERS OF DIRECTORS OF THIS CORPORATION SHALL BE NO LESS THAN ONE. ARTICLE VIII
THE NAME AND STREET ADDRESS (ES) OF EACH MEMBER OF THE FIRST BOARD OF DIRECTORS ARE AS FOLLOWS:

NAME ONEL CRUZ ADDRESS

RR#2 BOX 198, CLEWSTON FLA, 33440

ARTICLE IX -SUSCRIBER (S)

THE NAME AND STREET ADDRESS OF EACH PERSON SIGNING THIS ARTICLES OF INCORPORATION AS A SUBSCRIBER ARE AS FOLLOWS:

ONEL CRUS , RR#2, BOX 198, CLEWSTON, FLORIDA 33440.

STATE OF FLORIDA COUUNTY OF DADE, SS

BEFORE ME, THIS DAY PERSONALLY APPEARED:

ONEL CRUS, S.S.539-70-7542. D/L # C620-6440-67178.

TO ME TO BE THE PERSON (S) DESCRIBED IN, AND WHO EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION AND ACKNOWLEDGE BEFORE ME ; THAT HE (THEY) EXECUTED SAME FREELY AND VOLUNTARILY FOR THE PURPOSE HEREIN STATED.

WITNESS MY HAND AND OFFICIAL SEAL AT;

MIAMI, DADE COUNTY, FLORIDA, THIS

am. 11-2001

MY COMMISSION EXPIRES:

NOTARY PUBLIC

OFFICIAL NOTARY SEAL
PABLO M CAO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC777763

MY COMMISSION EXP. OCT. 25,2002

SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE X - RESIDENT AGENT

THE NAME OF THE RESIDENT AGENT OF THIS CORPORATION AND THE STREET ADDRESS OF THE PLACE OF BUSINESS LOCATION FOR SERVICE PROCESS WITHIN THIS STATE IS: ONEL CRUS R R # 2 Box 198 Clewston R 3>440

THE SAID RESIDENT AGENT SHALL SERVE UNTIL HIS SUCESSOR IS DESIGNATED BY THE BOARD OF DIRECTORS OF THE CORPORATION.

THE SAID RESIDENTE AGENT, ACCEPT THIS DESIGNATION AS RESIDENT AGENT AS EVIDENCE OF SIGNATURE BELOW, AND AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 48.091,FS, RELATIVE TO ACEPTING THIS OFFICE.

HAVING BEIN NAMED AS REGISTERED AGENT FOR THE ABOVE CORPORATION AT THE PLACE DESIGNATED.

I HEREBY ACCEPT THE APPOINMENT AS REGISTER AGENT AND AGREE TO ACT IN THIS CAPACITY, BY SIGNING THIS DOCUMENT.

ONEL CRUS