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**LAZARUS CORPORATE FILING SERVICE**

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800004546998--0

-08/21/01--01046--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

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

1. COMFRUIT USA, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

DIVISION OF CORPORATION

01 AUG 21 AM 11:08

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

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01 AUG 22 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 21, 2001

LAZARUS CORPORATE FILING SERVICE  
3320 SW 87 AVENUE  
MIAMI, FL

SUBJECT: COMFRUT USA, CORP.  
Ref. Number: W01000019385

We have received your document for COMFRUT USA, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the corporate name. The cover letter indicated, "COMFRUIT USA, CORP."

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6915.

Pamela Smith  
Document Specialist  
New Filings Section

Letter Number: 901A00047729

RECEIVED  
01 AUG 22 AM 10:38  
DIVISION OF CORPORATION

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

COMFRUT USA, CORP.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

8850 N.W. 20th Street  
Miami, FL 33172

MAILING  
P.O. 227578  
MIAMI, FL 33122-7578

### ARTICLE III - SHARES

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

10,000

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

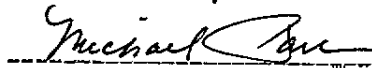
MICHAEL PARR  
8850 N.W. 20th STREET  
MIAMI. FL 33172

ARTICLE V - INCORPORATOR

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

MICHAEL PARR  
8850 N.W. 20 STREET  
MIAMI, FL 33172

The undersigned incorporator has executed these Articles of Incorporation this 20<sup>th</sup> day of August 2001

  
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

- (D) MICHAEL PARR      \_ 8850 N.W. 20 STREET, MIAMI, FL 33172  
(P) PABLO HEVIA      \_ ELIODORO YAÑEZ 2905, SANTIAGO, CHILE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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TALLAHASSEE, FLORIDA

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