

FROM : HOMESTEAD IMMIGRATION

FAX NO. : 3052474470

Jul. 05 2002 08:47AM P1

Division of Corporations

Page 1 of 1

P02000073534

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0361

From:

Account Name : HOMESTEAD IMMIGRATION
Account Number : I20010000097
Phone : (305)248-4308
Fax Number : (305)247-4470

FLORIDA PROFIT CORPORATION OR P.A.

CARAMBOLA, INC

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	\$78.75

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Corporate Filing

Public Access Help

<https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe>

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ADH 6/27/02

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15/02
1/5/02
3

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ARTICLES OF INCORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I Name: *CARAMBOLA AND FRUIT, INC.*
The Name of the corporation shall be: *CARAMBOLA AND FRUIT, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :
16235 SW 304th St, Homestead, Florida 33033

ARTICLE III PURPOSE

~~The purpose for which the corporation is organized is:~~
For the purpose of engaging in any activities or business permitted
under the law of United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
500 Shares of one dollar (1.00) par value "Common Stock" which shall
be designated "Common Shares"

ARTICLES V INITIAL OFFICER/DIRECTORS (optional)

The name, address and title

Osvany Rodriguez - President- 16235 SW 304th St, Homestead, FI 33033

ARTICLE VI REGISTERED AGENT

The name and Flroida street address of the registered agent is:

Osvany Rodriguez - 16235 SW 304th ST, Homestead, FI 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lourdes Hernandez- 241 NE 8th St, Homestead, Florida 33030

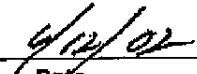
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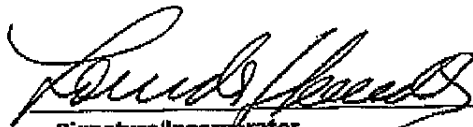
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JUL 05 2002 08:48AM P3

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.


Signature/Registered Agent


Date


Signature/Incorporator


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA