

PD3000023648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

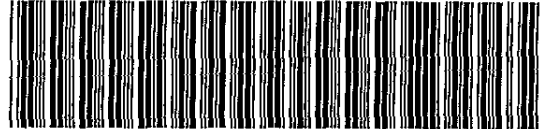
(Business Entity Name)

(Document Number)

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03 FEB 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/26/03

SE
2/26/03

TRANSMITTAL LETTER

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

SUBJECT: CLASSIC TOUCH PRODUCE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANTONIO E. MENDOZA
Name (Printed or typed)

9360 S.W. 137 Ave. Apt. 401
Address

MIAMI, FLORIDA 33186
City, State & Zip

305-752-5419
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CLASSIC TOUCH PRODUCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9360 S.W. 137 Avenue Apt. 401
Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES AT 100 PER VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ANTONIO E MENDOZA	PRESIDENT
" "	VP
" "	Treasurer
" "	Secretary

ARTICLE VI REGISTERED AGENT

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

Antonio E. Mendoza
9360 SW 137 Avenue Apt. 401
Miami, Florida 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Antonio E. Mendoza
9360 SW 137 Avenue Apt. 401
Miami, Florida 33186

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

03 FEB 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA