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(Requestor's Name)		
(Address)		
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phon	e#)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
Office Use Only		

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TALLAHASSEE FLORIDA

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

. .

DELIFROST U.S.A. INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC. SUBJECT:

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

□ \$70.00 Filing Fee Filing Fee & Certificate of Status **X** \$78.75 **\$87.50** Filing Fee Filing Fee, & Certified Copy Certified Copy

& Certificate of Status ADDITIONAL COPY REQUIRED

Name (Printed or typed) ennis FROM: 100 NE. GAVE. LOT 509 Address Homestead, FL 33030 City, State & Zip (305) 4017104 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:

DELTFROST U.S.A. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

100 NE GAV. LOT 509 Homested FC 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Export | IMPORT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): (President) Calelos Carmona (VicePres: 109 100 NE GAV. LOT509 Dennis Wong 100 NE. GAV. LOT509 -Homestead FL 33080

Homested FL 33030

REGISTERED AGENT ARTICLE VI

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

KASSANDRA LACAYO 100 NE. GAV. LOT 509 Homestead FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KASSANDRA LACAYO 100NE GAV. LOT. SOF +lomestead FL 33030 003 AUG -4 PM 3: 0

 $\frac{7-29-2003}{\text{Date}}$

7-29-2003

Date

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

Kassandrol.

Signature/Registered Agent KASSANDEA LACAYD

Kossandral.

Signature/Incorporator

KASSANDRA LACAYU