

**PD4000056882**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**WORLDWIDE FEED SUPPLY SERVICES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:*

Worldwide Feed Supply Services Inc.

**ARTICLE II - PRINCIPAL OFFICE**

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

7324 NW 46 ST  
MIAMI FL, 33166

**ARTICLE III - SHARES**

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

100 shares

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

*The name and address of the initial registered agent is:*

ERNESTO QUESADA  
3903 SW 78 CT APT # 68  
MIAMI FL 33155

ARTICLE V - INCORPORATOR

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

ERNESTO QUESADA

The undersigned incorporator has executed these Articles of Incorporation this 28 day of MARCH 2004

Quesada  
Signature

ARTICLE VI- DIRECTOR(S)

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

ERNESTO QUESADA

3903 SW 78 CT APT # 68

MIAMI FL 33155

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.

Quesada  
Registered Agent Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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