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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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07-20-04

Florida Department of State
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

July 13,2004

| Re: SOUTHWEST AMMONIA OF FLORIDA , Inc. (Name of Corporation) |
|--|
| Gentlemen: |
| Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75 |
| This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. |
| Very truly yours. |
| Robert Anderson, Pres. (Individual's Name) |
| Southwest Ammonia of Florida, In (Name of Corporation) |
| 9805 S.W. 60 St. |
| Miami, Fl. 33173. |
| PHONE — |

(786) 399-8612

Number

Area Code

ARTICLES OF INCORPORATION

| | of | |
|---|---|---------------------------------|
| Southw | est Ammonia of Florida, Inc. | |
| | (name of corporation) | |
| The undersigned acting as the incorporators of the following articles of incorporation for such corporation for such corporation. | | s Corporation Act, adopt(s) |
| ARTIC | CLE I - CORPORATE NAME | |
| The name of the corporation is: | | TAIL O4 |
| Southwe | st Ammonia of Florida, Inc. | |
| | | E FI |
| | RTICLE II - DURATION | ED PH RY OF |
| This corporation shall exist perpetually unless | dissolved according to Florida law | H 3: FSI FEC |
| This corporation shall exist perpetually unless | dissolved according to Paorida law. | ; 58 (A)L ORIDA |
| A | ARTICLE III - PURPOSE | 12 |
| The corporation is organized for the purpose of United States and the State of Florida. | f engaging in any activities or business p | permitted under the laws of the |
| ART | TICLE IV - CAPITAL STOCK | |
| The corporation is authorized to issue500 | shares of common stock, par value \$ | 1.00 per share. |
| ARTICLE The street address of the initial principal office | V - INITIAL PRINCIPAL OFFICE and, if different, the mailing address is: | |
| STREET ADDRESS | | |
| 9805 S.W. 60 St. | | |
| CITY Miami | FLORIDA | ZIP 331.73 |
| Mailing address, if different | | |
| STREET ADDRESS | | |
| | | |
| CITY | FLORIDA | ZIP |
| ARTICLE VI - INIT | IAL REGISTERED OFFICE AND AG | GENT |
| The street address of the initial registered of | office and the name of the initial regi | stered agent at the office is: |
| NAME Nestor Tabares | | |
| ADDRESS 9805 S.W. 60 St. | | |

Miami

CITY

FLORIDA

ZIP 33173

| ARTICLE VII | - INITIAL BOARD OF DIRECTORS | |
|---|---|---|
| This corporation shall have One either increased or diminished from time to time by addresses of the initial director(s) of the corporation | the By-Laws, but shall never be less than | e number of directors may be one (1). The names and |
| NAME Robert Anderson | | |
| ADDRESS 201 North Avenue W | | |
| CITY Richardton | STATE N.D. | ZIP 58652 |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME Robert Anderson ADDRESS 201 NORTH Are. | | ollows: |
| CITY Richardton | STATE N Da Kota | ZIP 58652 |
| NAME | | ***** |
| ADDRESS | | |
| CITY | STATE | ZIP |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |
| The undersigned incorporator(s) have executed t | these Articles of Incorporation this | /3 ⁻¹ L |
| day of July | | |
| / | Robert Anderson, Pres | (Signature) |
| | | (Signature) |

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

| M. Jakan | 071204 |
|-------------|--------|
| (Signature) | (Date) |