

P05000035867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

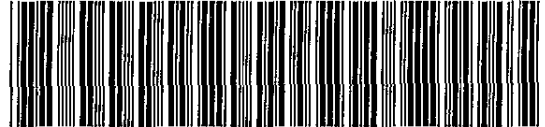
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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3-9

EXPRESS CORPORATE FILING SERVICE INC.  
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101  
Address

CORAL GABLES, FL 33134 (305) 444-4994  
City/State/Zip Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Amerifood Product Dairy, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED  
05/11/01 8:11 AM  
FEDERAL BUREAU OF INVESTIGATION

**ARTICLES OF CORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**AMERIFOOD PRODUCT DAIRY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
6911 s w 83 Place, Miami, FL. 33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY & ALL LAWFUL BUSINESS**

**ARTICLE IV INITIAL OFFICERS AND /OR DIRECTORS**

List name(s), address(es) and specific title(s):

**LESLIET MADRUGA..... PRESIDENT**

6911 s w 83 place, Miami, FL.33143

**SERGIO A MADRUGA ...VICE PRESIDENT**

6911 s w 83 place, Miami, FL.33143

**ARTICLE V REGISTERED AGENT**

The name (s) and address (es) of the registered agent (s) is:

**LESLIET MADRUGA**

6911 s w 83 place, Miami FL.33143

**ARTICLE VI INCORPORATOR**

The name address of the incorporator is:

**LESLIET MADRUGA**


6911 s w 83 place. Miami,FL.33143

**SERGIO A MADRUGA**

6911 s w 83 place, Miami, FL. 33143

Having been named as registered agents to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

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ALLIANCE, FLORIDA

05/10/09 PM 2:21

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