

P06000120811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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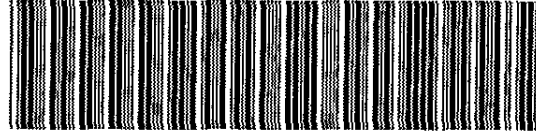
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2006 SEP 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton SEP 20 2006

COVER LETTER

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

SUBJECT: PNS FARMS 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alice Peng
Name (Printed or typed)

14390 SW 199 Ave.
Address

Miami FL 33196
City, State & Zip

305-588-6163
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:

PNS FARMS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14390 SW 199 Ave.
Miami FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

farm operations

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alice Pena, Pres. CEO 14390 SW 199 Ave. Mia.
FL 33196
Eleanor Pena, V.P. - Treasurer 14390 SW
199 Ave. 33196
Gladys Pena, V.P. Secy. 14390 SW 199
Miami FL 33196

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gladys Pena S.
14390 SW 199 Ave.
Miami FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alice Pena
14390 SW 199 Ave.
Miami FL 33196

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


Signature/Incorporator

FILED

2006 SEP 20 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/10/06

Date

9/10/06

Date