

PO 7000062476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

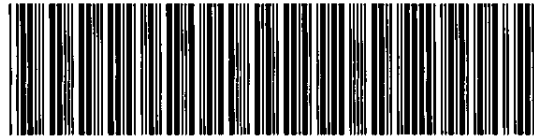
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000102640830

05/24/07--01049--006 **78.75

RECEIVED
07 MAY 24 AM 11:14
TALAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

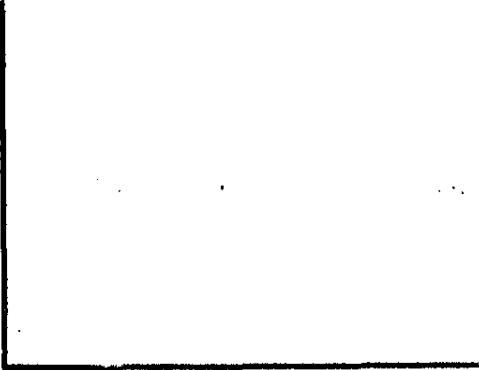
FILED
07 MAY 21, PM 12:50
SECRETARY OF STATE
TALAHASSEE, FLORIDA

VH

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973



Office Use Only

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

- 1. THE BRILEAL OF FLORIDA, INC.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF
THE BRILEAL OF FLORIDA, INC.

FILED
07 MAY 24 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Florida Statutes Chapter 607, does hereby adopt the following articles of incorporation for the corporation:

I. NAME

The name of the corporation is: The Brileal of Florida Inc.

II. NATURE OF BUSINESS

The corporation may engage in any activity of business permitted by law.

III. PRINCIPAL OFFICE

The initial principal office of the corporation is:

601 S. Barfield Dr.
Marco Island, Florida 34145

IV. MAILING ADDRESS

The initial mailing address of the corporation is:

P.O. Box 1545
Marco Island, Florida 34146

V. SHARES

The number of shares that the corporation is authorized to issue is Eight Thousand (8000) shares. The shares shall be of single class and shall have a par value of one dollar (\$1.00) per share.

VI. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Walther Gonzales
601 S. Barfield Drive
Marco Island, Florida 34145

VII. INCORPORATOR

The name and address of the incorporator to this Article of Incorporation is:

Walther Gonzales
601 S. Barfield Drive
Marco Island, Florida 34145

VIII. INDEMNIFICATION

The corporation shall indemnify any present or former officer, employee, or agent of the corporation in the manner set out and provided for in the Act.

IX. THE PURPOSE OF BUSINESS

The purpose is to engage into Import, Sale, Distributor of fresh fruit, vegetables, and any type of citrus such as Dry Onions, Purple Passion Fruit, Mangoes, Lemmons, Limes, Carambola – Star Fruit, Strawberrys, All types of grapes, Kiwi, Pears, Apples, Frozen and Aseptic Concentrate Juisces and any activities of business permitted under the aw of the United States and the State of Florida.

X. DIRECTORS

The number of directors constituting its initial board of directors is (2) whose name(s) and address(es) are:

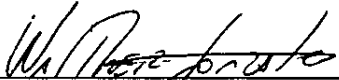
PRESIDENT:

Walther Gonzales
601 S. Barfield Drive
Marco Island, Florida 34145

VICE PRESIDENT:

Wenceslao Gonzales
601 S. Barfield Drive
Marco Island, Florida 34145

IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation on this 23rd day of May, 2007.

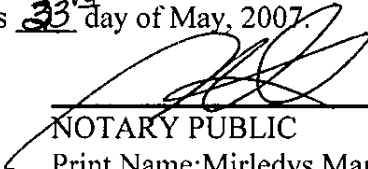


Walther Gonzales

STATE OF FLORIDA
COUNTY OF COLLIER

Before me personally appeared WALTHER GONZALES to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 33rd day of May, 2007.



NOTARY PUBLIC
Print Name: Mirledys Martin
State of Florida at Large

My commission expires:



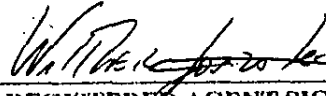
FILED

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

07 MAY 24 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE
APPOINTMENT AS REGISTERED 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.**



REGISTERED AGENT SIGNATURE