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# **COVER LETTER**

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

SUBJECT:	CARIBEAN	n PRODUCE	Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )			
Enclosed are an original	inal and one (1) copy of the artic	eles 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 CO	PY REQUIRED			
FROM:	Josefa	VEGA				
Name (Printed or typed)						
Pembroke Pines, FL 33024						

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:

CARIBEAN PRODUCE INC

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12030 SW 5 CT. Pembroke Pines. FL 33025

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSSINES

### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RESIDENT - YURIANIS ROSALES, 3609 SW 5 ST. MIAMI, FL 23135

## ARTICLE VI REGISTERED AGENT

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

JOSEFA VEGA. 12030 SW SCT. PEMBROKE PINES, FL 33025

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JOSEPA VEGA. 12030 SW 5 CT. PEMBROKE PINES, FL 33025

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/

2-13-09 Date 2-13-09

Signature/Incorporator