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(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:				





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COVER LETTER

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

SUBJECT: Apollo B	leach Brokerage, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filling Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: Sin	nmie Chad Fulwood Nam	e (Printed or typed)	
100	3 Bellasol Way #9303	Address	
Apo	ollo Beach, Florida 33572 City,	State & Zip	*****
	•	elephone number	
cnad	d@cfproduceinc.com		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

* ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
	Brokernge, Fre.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	03 Bella Sol Way # 9303 016 Beach, £ 33572
	ring of fauits & Vegs 74
ARTICLE IV SHARES The number of shares of stock is:	
List name(s), address(es) and specific title(s): 5. Chap Julwood 1003 Poella Solway 9303 Q Pollo Beach, 7L 33572 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of 5. Chad Fulwood 1003 Bella Sol Way 9303 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 5. Chad fulwood 1003 Bella Sol Way 9303 A pollo Beach, 7L 33572	

Signature Registered Agent	Date
	01/23/2010
Signature/Incorporator	Date