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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-8-10  
200

## COVER LETTER

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

**SUBJECT:** ANCORA PRODUCE & SERVICES 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:** ANCORA PRODUCE & SERVICES INC.

Name (Printed or typed)

1004 SW 120 COURT

Address

MIAMI FLORIDA 33184

City, State & Zip

786-443-9430

Daytime Telephone number

mariofara@bellsouth.net

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

**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:

ANCORA PRODUCE & SERVICES INC.

## ARTICLE II PRINCIPAL OFFICE

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

SILVIO I GONZALEZ 1004 SW 120 COURT MIAMI FL 33184

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL BUSSINES

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P.

Silvio I Gonzalez

## ARTICLE VI REGISTERED AGENT

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

V

MARIA ISABEL FARA 1004 SW 120 COURT MIAMI FL 33193

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M.I.A HAVANA TRAVEL & MULTISERVICES INC.

14902 SW 82 LANE # 208 MIAMI FL 33193

\*\*\*\*\*

*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

2010 SEP -3 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/2/2010  
Date  
9/2/2010  
Date