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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Hill Fresh Produce, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.A. (Profit)

Hill Fresh Produce, Inc

ARTICLE I: Name

The name of the corporation shall be:

Hill Fresh Produce, Inc

ARTICLE II: Principal Office

Principal address:

Mailing address, if different:

8300 NW 53 ST # 108
Miami, FL 33166

ARTICLE III: Purpose

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, and any other state, country, territory or nation.

ARTICLE IV: Shares

The aggregate number of shares of stock and its par value that this corporation is authorized to issue and have outstanding at any one time is: 1,000 shares of common stock, par value \$1.00 per share.

ARTICLE V: Initial Officers and/or Directors

Name, Title and address:

Luis H. Rodriguez
Officer
8185 SW 85 Terrace
Miami, FL 33143

Jorge R. Gonzalez
Officer
6340 NW 199 LANE
MIAMI, FL 33015

David G. Partridge
Officer
8186 SW 85th Terrace
Miami, FL 33143

Maria E. Brito
Officer
6340 NW 199 LANE
MIAMI, FL 33015

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TALLAHASSEE, FLORIDA

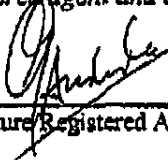
(CONTINUED)

ARTICLE VI: Registered Agent

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

Guillermo Andrade, CPA
Hernandez and Company, CPA
2320 Ponce de Leon Blvd
Coral Gables, FL 33134

Having been named as registered agent and 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.



Required Signature/Registered Agent

3/2/11

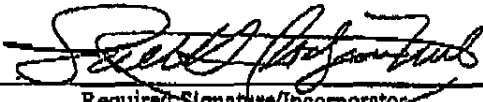
Date

ARTICLE VII: Incorporator

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

Luis H. Rodriguez
8185 SW 85 Terrace
Miami, FL 33143

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

3/2/11

Date