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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 29 AM 10:55

FILED

****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
AHCE, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 29 PM 3:37

RECEIVED

COVER LETTER

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

SUBJECT: AHCE, 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: David Marote, c/o Dole Food Company, Inc.

Name (Printed or typed)

One Dole Drive

Address

Westlake Village, CA 91362

City, State & Zip

(818) 879-6760

Daytime Telephone number

david.marote@dole.com

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

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

FILED

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

11 SEP 29 AM 10:55

ARTICLE I NAME

The name of the corporation shall be: AHCE, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
One Dole Drive
Westlake Village, CA 91362

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To undertake all lawful business activities.

ARTICLE IV SHARES

The number of shares of stock is: one thousand (1,000) common shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David A. DeLorenzo, Director
Address: One Dole Drive
Westlake Village, CA 91362

Name and Title: C. Michael Carter, Director
Address: One Dole Drive
Westlake Village, CA 91362

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Marote
Address: One Dole Drive
Westlake Village, CA 91362

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
C T Corporation System

By:

Connie Bryan
Required Signature/Registered Agent

Connie Bryan
Assistant Secretary

9/29/11
Date

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.

David Marote
Required Signature/Incorporator

9/29/11
Date