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(Requestor's Name)						
(Address)						
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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: Productos y Servicios (PROPOSED CORPORA)	s Agropervarios Perisa C.A.					
(PROPOSED CORPORA	TE NAME -MUST INCLUDE SUFFIX)					
·						
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee  & Certified Copy  S87.50 Filing Fee, Certified Copy					
	& Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Larry Hernan Diaz Zambrano Name (Printed or typed)						
955 e 25 st A	of L-2 Poterson NJ					
New Je	State & Zin					
3.17,	2.0					
07513 305 924 666Z  Daytime Telephone number						
·						
proseagre	25@hotmail.com.					
E-maiyaddress: (to be dised	for future annual report notification)					

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

## ARTICLES OF INCORPORATION

	In compliance with C	Chapter 607 and/or Ch	iapter 621, F.S.	. (Profit)	0.4
ARTICLE I NA The name of the corpor	AME ration shall be: Producto	os y Servic	cias Aq	Trofec yari	os teria C.A.
ARTICLE II PR	RINCIPAL OFFICE				
	Principal street address	r	Ma	iling address, if differ	rent is:
_ <del></del>	155 <b>6</b> . 25 ST			C Amo a	
Par	erson, NJO	<u> 751</u> 3		SHILL	
ARTICLE III PU The purpose for which	<b>RPOSE</b> th the corporation is organized	is:			
	vete	ranits	and ani	mal help	P
ARTICLE IV SP. The number of shares of					·
Name and Title:	Lauf H. Uzaz Fumb Urb. La, Combres ( El Vigio Estado M	rano Nan Casa 4:39 Add	ne and Title: dress:		
Name and Title: Address:	Maine J. Jimeno Calle Sucre entre I y Av. Campo Elian Co Machigues Estock	u. Liberfood Add	ne and Title: dress:		
Name and Title:		Nan	ne and Title:		
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-					
	GISTERED AGENT			Ć.Š	is grain
	a street address (P.O. Box NO		gistered agent i	ت این د: s:	
Name: Address:	399 Avendo	Ave		بر الر	
Address.	Marathon, floir			<b>9</b> 5.	= 0
				<b>8</b>	co ·
ARTICLE VII IN	CORPORATOR			35	•
Ine name and address	$\underline{s}$ of the incorporator is:	alma A.			
Address:	Ust La Compare	Caso at 39			
11301000.	s of the Incorporatoris:  Land H Vicaz Za  Uiby La Crubiu  El Vigià Mind	a Venetueku			
			dea abous otatae	d agreemention at the	ulana designatad in
	is registered agent to accept se imiliar with and accept the app				
· ,	,		_	_	
La	Required Signature/Regist	0.		121	29/2011
	Required Signature/Regist	ered Agent		<del></del>	Date
I submit this documer	nt and affirm that the facts st rtment of State constitutes a thi	ated herein are true.	I am aware th		tion submitted in a
	Carry H Draz Tamber Required Signature/Inco	zm0	· <b></b>	12/	29/2011
	<ul> <li>Required Signature/Income</li> </ul>	orporator		•	Date