P12000081567

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000234677 3)))

H12000234677 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305)828-1148
Fax Number : (305)828-1709

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 25 AM 10:31

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
FARINAS FOOD DISTRIBUTION,CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

RECEIVED
12 SEP 25 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

PS 9/26/12

9/25/2012

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 SEP 25 AM 10: 31

ARTICLE I NAME
The name of the corporation shall be: FARINAS FOOD DISTRIBUTION ,CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13310 SW 152 Street Suite 3106
Miami FL 33177

Mailing address, if different is:
13310 SW 152 Street Suite 3106
Miami FL 33177

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GASPAR A TORRES FARINAS PRESIDENT
Address: 13310 SW 152 Street Suite 3106
Miami FL 33177

Name and Title:
Address:

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: GASPAR A TORRES FARINAS
Address: 13310 SW 152 Street Suite 3106
Miami FL 33177

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: GASPAR A TORRES FARINAS
Address: 13310 SW 152 Street Suite 3106
Miami FL 33177

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

Required Signature/Registered Agent — Date: 9-25-2012

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 — Date: 9-25-2012