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.

(((H13000012713 3)))



H130000127133APICS

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 : 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 DOLPHIN PRODUCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

L 01/17/13

Electronic Filing Menu

Corporate Filing Menu

Help

A RULE OF THE

13 JAN 16 PN 12: 27
SECRETARY OF STATE

# ARTICLES OF INCORPORATION OF

# DOLPHIN PRODUCE, INC.

(name of corporation)

13 JAN 16 PH 12: 27
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Florida.

### ARTICLE I-CORPORATE NAME

The name of the corporation is: **DOLPHIN PRODUCE**, INC.

#### ARTICLE II - DURATION

This corporation shall exist\_perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of Gye Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

#### ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	HECKERLY COSS	3		
ADDRESS	18912 NW 57 AVE	APT. 107		
CITY	MIAMI	STATE	FL	ZIP 33015

The principal office, if known or the mailing address of the corporation is:

NAME		OSS				
ADDRESS	18912 NW 57 A		. <u>107</u>	·		
CITY	MIAMI		STATE	FL	ZIP 33015	

#### ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>ONE (1)</u> director initially. The number of directors may be either increased or diminished from time to time by – laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

es.c	ğ	ı,
ď	NS-M	-2.
-	4544	**
į	i (i)	Ť
Ι,		Ì

NAME	HECKERLY COSS						٦
ADDRESS	18912 NW 57 AVE	APT. 107					٦
CITY	MIAMI	STATE	FL	ZIP	33015		7
NAME							٦
ADDRESS							7
CITY							
NAME						≥s	
ADDRESS						Ų	
CITY						<b>I</b>	
NAME	•					S	]
ADDRESS							
CITY						THE.	
NAME						<del>د ا</del> د	录
ADDRESS						TAT DR	ŀ
CITY	<del></del>		,			<u>Om</u>	1,

### ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	HECKERLY COSS				
ADDRESS	18912 NW 57 AVE	APT. 107			
CITY	MIAMI	STATE	FL	ZIP 33015	
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 15<sup>TH</sup> day IANUARY. 2013.

PREPARED:	SOSA ACCOUNTING TAX 570 EAST 49 STREET HIALEAH, FL 33013	( Necker ( Seal)
	(305) 688 – 1716	( Seal)
	(305) 688 – 1714	( Seal)
		( Seal)
		( Seul)

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT

OF

## DOLPHIN PRODUCE, INC.

13 JAN 16 PM 12: 27
SECRETARY OF STATE
TALL AHASSEF FLORIDA

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

Address	18912 NW 57 <sup>TH</sup> AVE APT. 107			
	MIAMI, FL 33015			
Has named	HECKERLY COSS			

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

### **ACKNOWLEDGEMENT**

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(registered agent)