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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 12 2013

COVER LETTER

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

SUBJECT: ANTHONY FRUITS 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: ROBERTO FONTE
Name (Printed or typed)
866 N.W. 2ND STREET.
Address
MIAMI, FLORIDA, 33128
City, State & Zip
(305) 305-8533
Daytime Telephone number
ROQUEO & A.D.L. Com.
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ANTHONY FRUIT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1745 S.W. 1st STREET
MIAMI FL 33135

Mailing address, if different is:

866 N.W. 2nd STREET
MIAMI FL 33128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL FRUITS AND COFFEE SHOP.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO FONTE Name and Title: _____
Address: 866 N.W. 2nd STREET Address: _____
MIAMI FL 33128

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ROBERTO FONTE
Address: 866 N.W. 2nd STREET
MIAMI FL 33128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID ROQUE
Address: 923 S.W. 10th AVE
MIAMI, FL 33130

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

x Roberto Fonte
Required Signature/Registered Agent

02/06/13
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.

x David Roque
Required Signature/Incorporator

02/06/13
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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