.10/17/2013 14:05 FAX 3026745 Division of Corporations



## Florida Department of State

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E'rom:

Account Name : NRAI SERVICES, LLC

Account Number : 120080000304

: (302)674-4089

Phone Fax Number

: (302)674-5266

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## FLORIDA PROFIT/NON PROFIT CORPORATION A&CS, INC.

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October 17, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: A&CS PERISHABLES, INC.

REF: W13000057805

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If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H13000228389 Letter Number: 213A00024337

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

NW 53rd Street	Principal <u>street</u> address  Suite 450		Mailing address, if different is:		
d, FL 33166					
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		<del></del>			
CLE III PU	RPOSE  the corporation is organized is: Any lawfi	ıl purpose			
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	YARES 100 shares of common stock of stock is:  WITTAL OFFICERS AND/OR DIRECT		· ·		
number of shares	of stock is:  VITIAL OFFICERS AND/OR DIRECT  itle: Robert Anthony Winmill, Director	<u>ors</u>	ile: Jasvir Rayit, Director		
number of shares	of stock is:  WITTAL OFFICERS AND/OR DIRECT  Robert Anthony Winmill, Director  8333 NW 53rd Street, Suite 450	<u>ORS</u> Name and Ti	8333 NW 53rd Street, Suite 450		
number of shares  FICLE V 11  Name and T	of stock is:  WITTAL OFFICERS AND/OR DIRECT  itle:  8222 NW 52rd Street Suite 450	<u>ORS</u> Name and Ti			
number of shares  FICLE V 11  Name and T	of stock is:  WITTAL OFFICERS AND/OR DIRECT  Robert Anthony Winmill, Director  8333 NW 53rd Street, Suite 450	<u>ORS</u> Name and Ti	8333 NW 53rd Street, Suite 450		
number of shares  FICLE V 11  Name and T	of stock is:  WITTAL OFFICERS AND/OR DIRECT  itle:  Robert Anthony Winmill, Director  8333 NW 53rd Street, Suite 450  Doral, FL 33166	<u>ORS</u> Name and Ti	8333 NW 53rd Street, Suite 450  Doral, FL 33166		
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number of shares  FICLE V 11  Name and T  Address	of stock is:  WITTAL OFFICERS AND/OR DIRECT  itle:  Robert Anthony Winmill, Director  8333 NW 53rd Street, Suite 450  Doral, FL 33166  Doral, FL 33166  Kevin Douglas McLean, Director	ORS  Name and Tit  Address:	8333 NW 53rd Street, Suite 450  Doral, FL 33166		
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number of shares  FICLE V 11  Name and T  Address  Name and Ti  Address	of stock is:  NITTAL OFFICERS AND/OR DIRECT itle:  Robert Anthony Winmill, Director  8333 NW 53rd Street, Suite 450  Doral, FL 33166  Kevin Douglas McLean, Director  8333 NW 53rd Street, Suite 450  Doral, FL 33166	ORS  Name and Tit Address:  Name and Tit Address:  Name and Tit Address:  Name and Tit	8333 NW 53rd Street, Suite 450  Doral, FL 33166  tle:		

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(conti.)

Name and	d Title:	Name and Title:
Address	***	Address:
		_
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	NRAI Services, Inc.	<u> </u>
Address:	1200 South Pine Island Road	- ₹
	Plantation, FL 33324	LEC
ARTICLE VII	INCORPORATOR	T 17 I
The name and ad	idress of the Incorporator is:	
Name:	Andrew B. Strohman	-: 53
Address:	c/o Herrick, Feinstein LLP, 2 Park Ave.	DA <b>S</b>
	New York, NY 10016	<del>_</del>
this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as r NRAI Services, Inc.	) The state of the
By:	Required Signature/Registered Agent	Asst. Secretary 70//3//3
I submit this Noc document to the	, , ,	e true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.  10/15/2013
	Required Signature/Incorporator	Date
1	Vedaren alkummenten horatar	Date

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