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.

(((H15000069466 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

w			
	Email Address.		

FLORIDA PROFIT/NON PROFIT CORPORATION FRESH LAND PRODUCTS, INC

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

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

ARTICLE I NAM The name of the corporat	tion shall be: FRESH LAND PR	ODUCTS, INC	3	
ARTICLE II PRII	NCIPAL OFFICE Principal <u>street</u> address		ng address, if different is:	
	MIAMIAVENUE			
SUIT 2308	·	 	 	
MIAMI, FL 33	130	<u> </u>		
ARTICLE III PUR. The purpose for which the	POSE the corporation is organized is: TO TRAN	SACT ANY AND	ALL LAWFULL BUS	SINESS
			Ö	_ ഗ്ന്
,	:	,	A	
ARTICLE IV SHA The number of shares		••	Value A	CORPONAL
Name and Title	CARLOS COLL PD	Name and Title:	~	·
Address	1451 SOUTH MIAMI AVENUE	Address:		
	SUIT 2308			
	MIAMI, FL 33130	والمرافقة المالية الما		
Name and Title:		Name and Title:	Market Control of the	
Address	·	Address:		
				
				
Name and Title:		Name and Title:		
Address		Address:		

P. 003

(conti.)

Name a	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI	lorida street address (P.O. Box NOT acceptable) of	the registored agent is:	
Name:	CARLOS COLL		
Address: 1451 SOUTH MIAMI AVENUE SUITE 2308			15.
	MIAMI, FL 33130		HAR
Name: Addrėss:	INCORPORATOR Idress of the Incorporator is: CARLOS COLL 1451 SOUTH MIAMI AVENUE SUITE 2308 MIAMI, FIL B3130 med as registered agent to recept service of process	-	
			19/2015
I submit this doc document to the i	Reclused Signature/Registered Agent ument shid affirm that the flicts staud vicretn are to Department of State constitutes a shift depret felopy	rue. I am aware that the false inform as provided for in \$.817.155, F.S.	Date nation submitted in a
		03	/19/2015
	Required Signature Priocestrator		Date