

P16000013391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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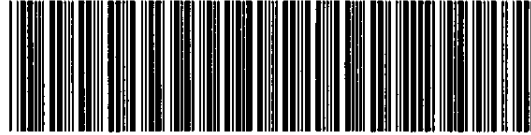
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 28 PM 12:17

APPROVED
AND
FILED

1/28

COVER LETTER

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

SUBJECT: ALIMENTARTE CORP.

(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: DANIEL LOPERA

Name (Printed or typed)

7705 TARA CIR. #203

Address

NAPLES, FL 34104

City, State & Zip

(786)626-9241

Daytime Telephone number

GRANJALIMENTARTE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALIMENTARTE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7705 TARA CIR. #203

NAPLES, FL 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MISCELLANEOUS SERVICES AND TRADING INVOLVING
ORGANIC ALIMENT, PRODUCE AND SOSTAINABLE FARMING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL LOPERA

Address: 7705 TARA CIR. #203

NAPLES, FL 34104

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DANIEL LOPERA
Address: 7705 TARA CIR. #203
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DANIEL LOPERA
Address: 7705 TARA CIR. #203
NAPLES, FL 34104

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/22/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Daniel Lopera G.

Required Signature/Registered Agent

1/22/16

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.

Daniel Lopera G.

Required Signature/Incorporator

1/22/16

Date