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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mim*

**COVER LETTER**

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

**SUBJECT:** DELGADO PRODUCE 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:** ALLAN DELGADO  
Name (Printed or typed)  
860 E 14th PL  
Address  
Hialeah, FL 33010  
City, State & Zip  
305-491-7968  
Daytime Telephone number  
delgadoa@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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**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**

DELGADO PRODUCE CORP.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

860 E 14th PL

Hialeah, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The corporation is formed to engage in all lawful business in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALLAN DELGADO / President

Name and Title: \_\_\_\_\_

Address 860 E 14th PL

Address: \_\_\_\_\_

Hialeah, FL 33010

Name and Title: ARELYS DELGADO / Secretary

Name and Title: \_\_\_\_\_

Address 860 E 14th PL

Address: \_\_\_\_\_

Hialeah, FL 33010

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
ALLAN DELGADO / ORIDA

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: ALLAN DELGADO  
 Address: 860 E 14th PL  
Hialeah, FL 33010

**ARTICLE VII INCORPORATOR**

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

Name: ALLAN DELGADO  
 Address: 860 E 14th PL  
Hialeah, FL 33010

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

*Allan Delgado* 4/24/2016  
 Required Signature/Registered Agent 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.*

*Allan Delgado* 4/24/2016  
 Required Signature/Incorporator Date