

P160000042.87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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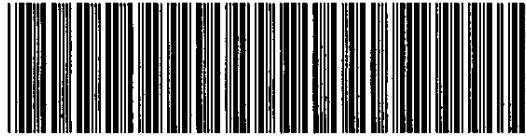
(Business Entity Name)

(Document Number)

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16 MAY -6 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan MAY 16 2016

## COVER LETTER

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

**SUBJECT:** Gary's 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:** Ransford Defreitas

Name (Printed or typed)

19618 N.W. 29th Place

Address

Opa Locka, FL 33056

City, State & Zip

(954) 274-6284

Daytime Telephone number

gdefreitas@att.net

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: Gary's Fruits, Inc.,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

19618 N.W. 29th Place

Opa Locka, Fl. 33056

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All Lawful Acts

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ransford Defreitas- D, P. S.

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

Address 19618 NW 29th Place

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

Opa Locka, Fl. 33056

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

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

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: Ransford Defreitas  
Address: 19618 NW 29th Place  
Opa Locka, Fl. 33056

**ARTICLE VII INCORPORATOR**

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

Name: Ransford Defreitas  
Address: 19618 NW 29th Place  
Opa Locka, Fl. 33056

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 1, 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*

R. Defreitas 5-2-16  
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.*

R. Defreitas 5-2-16  
Required Signature/Incorporator Date