

P16000043105

Florida Department of State  
Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
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Account Number : 072450003255  
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Fax Number : (305) 633-9696

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PAPAYA FARMS CENTRAL FLORIDA CORP.**

Certificate of Status	0
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## COVER LETTER

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

SUBJECT: PAPAYA FARMS OF CENTRAL FLORIDA 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: HENRY PADILLA  
Name (Printed or typed)  
6303 BLUE LAGOON DR. STE 400  
Address  
MIAMI, FL 33126  
City, State & Zip  
305-710-1176  
Daytime Telephone number  
HPADI@MAC.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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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



May 18, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: PAPAYA FARMS CENTRAL FLORIDA CORP.  
REF: W16000035572

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The handwriting is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: W16000119453  
Letter Number: 016A00010273

P.O BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

16 MAY 13 AM 11:10

**ARTICLE I NAME**

The name of the corporation shall be: PAPAYA FARMS OF CENTRAL FLORIDA CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13521 N MAGNOLIA AVE

CITRA, FL 32113-3745

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: NURIS HERNANDEZ (PRESIDENT)

Address: 13521 N MAGNOLIA AVE  
CITRA, FL 32113-3745

Name and Title: ANA HERNANDEZ ( SECRETARY)

Address: 13521 N MAGNOLIA AVE  
CITRA, FL 32113-3745

Name and Title: ORESTES HERNANDEZ (VP)

Address: 13521 N MAGNOLIA AVE  
CITRA, FL 32113-3745

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

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

Name and Title: NURIS HERNANDEZ (TREASURER)

Address: 13521 N MAGNOLIA AVE  
CITRA, FL 32113-3745

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

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: HENRY PADILLA  
 Address: 6303 BLUE LAGOON DR, STE 400  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: HENRY PADILLA  
 Address: 6303 BLUE LAGOON DR, STE 400  
MIAMI, FL 33126

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05-09-2016 (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*

  
 Required Signature/Registered Agent

05-09-16  
 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.*

  
 Required Signature/Incorporator

05-09-16  
 Date

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 TALLAHASSEE, FLORIDA