

P160000050478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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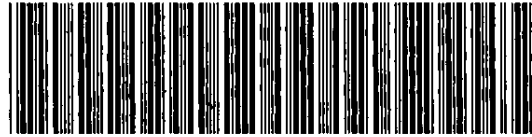
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan JUN - 9 2016

## COVER LETTER

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

**SUBJECT:** TROPICARIBEAN PRODUCE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Andy Almonte  
Name (Printed or typed)

PO BOX 111958  
Address

Hialeah, FL 33011  
City, State & Zip

786-781-9702  
Daytime Telephone number

tropicaribeaproduce@gmail.com  
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: Tropicaribbean Produce Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

902 Clintmoore Rd.  
Boca Raton, FL 33487

Mailing address, if different is:

P.O BOX 111958  
Hialeah, FL 33011

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: wholesale of fruits and vegetables

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Andy Almonte, President Name and Title: \_\_\_\_\_

Address: 902 Clintmoore Rd Address: \_\_\_\_\_  
Boca Raton, FL 33487

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: Andy Almonte

Address: 902 Clintmoore Rd

Boca Raton, FL 33487

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Andy Almonte

Address: PO BOX 111958

Hialeah, FL 33010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/03/2016 (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*

Andy Almonte  
Required Signature/Registered Agent

6-3-2016  
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.*

Andy Almonte  
Required Signature/Incorporator

6-3-2016  
Date