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16 JUN -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AmeriQueen Bee Products, 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: Jon W. Burke, Attorney at Law
Name (Printed or typed)

7900 SW 67 Terrace
Address

Miami, Fl 33143
City, State & Zip

305-710-0199
Daytime Telephone number

jburke2427@comcast.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: AmeriQueen Bee Products, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
20155 SW 188 St.
Miami, FL 33187

Mailing address, if different is:
Jon W. Burke, Atty
7900 SW 67 Terrace
Miami, FL 33143

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To Engage In Honey Bee Commercial Busines Actirities, Etc.

ARTICLE IV SHARES
The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reinaldo C. Valdes, President
Address 20155 SW 188 St.
Miami, FL 33187

Name and Title: Fidel Perez, Vice Pres.
Address: 20155 SW 188 St.
Miami, FL 33187

Name and Title: Yilam Valdes, Secretary
Address 20155 SW 188 St
Miami, FL 33187

Name and Title: Rafael Reyes, Vice Pres.
Address: 20155 SW 188 St
Miami, FL 33187

Name and Title: Jon W. Burke, Treasurer
Address 7900 SW 67 Terrace
Miami, FL 33143

Name and Title:
Address:

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16 JUN -8 PM 6:00
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: Jon W. Burke, Attorney

Address: 7900 SW 67 Terrace
Miami, FL 33143

ARTICLE VII INCORPORATOR

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

Name: Jon W. Burke, Attorney

Address: 7900 SW 67 Terrace
Miami, FL 33143

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-6-16 . (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

Jon W. Burke
Required Signature/Registered Agent

6-6-16
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.

Jon W. Burke
Required Signature/Incorporator

6-6-16
Date