

08/22/2016 15:22

305227448

LAZARUS

01/03

**P16 000069167**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000208217 3)))



H160002082173ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

RECEIVED

16 AUG 22 PM 4:56

TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGPRO TROPICALS 1 INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 AUG 22 AM 7:35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H16000208217

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:AGPRO TROPICALS 1 INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9311 S.W. 88 Terr.Miami, FL 33176**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maria C. Calderon(P)

16 AUG 22 AM 7:35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Maria C Calderon9311 SW 88 TerrMiami FL 33176**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria C Calderon9311 SW 88 TerrMiami FL 33176

H16000208217

H16000208217

**Required Signatures:**

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

 \_\_\_\_\_  
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.

 \_\_\_\_\_  
Incorporator Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG 22 AM 7:35

H16000208217