

Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TROPICAL GROWERS 297 INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

S. GILBERT
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DEC 9 2016

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 620 P.S. (Profit)

16 DEC -8 PM 7:07

ARTICLE I NAME
The name of the corporation shall be: TROPICAL GROWERS 297 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
31205 SW 213TH AVE.
HOMESTEAD, FL 33030

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHERINE CHAU, PRESIDENT
Address: 31205 SW 213TH AVE.
HOMESTEAD, FL 33030

Name and Title: ANDREW CHAU, SEC/TREAS
Address: 31205 SW 213TH AVE.
HOMESTEAD, FL 33030

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: KATHERINE CHAU
Address: 31205 SW 213TH AVE.
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATHERINE CHAU
Address: 31205 SW 213TH AVE.
HOMESTEAD, FL 33030

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 12/7/2016
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.

Required Signature/Incorporator 12/7/2016
Date