

P18000027607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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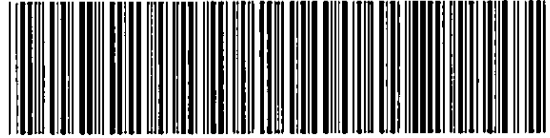
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR 26 PM 1:55

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2018 MAR 26 PM 2:04
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COVER LETTER

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

SUBJECT: Buy and Sale 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
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: Maje Fresh Products
Name (Printed or typed)

2719 11 ct.
Address

Palm Harbor, FL 34684
City, State & Zip

727 2598124
Daytime Telephone number

JOCPS58@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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: Mage Fresh Products Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2719 11 ct. Pa

Palm Harbor, FL 34684

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Now. buy and Sale
Produce but in the future any Products

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Orlando Cortes (P) Name and Title: _____

Address 2719 11 ct. Address: _____
Palm Harbor, FL 34684

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK 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: Jose Orlando Cortes
Address: 2719 11 ct.
Palm Harbor, FL 34684

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Orlando Cortes
Address: 2719 11 ct.
Palm Harbor, FL 34684

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

03-26/18
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

03-26/18
Date