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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

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## FLORIDA PROFIT/NON PROFIT CORPORATION HOMESTEAD PLANTS & PRODUCE, INC.

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APR 1 1 2018

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

ARTICLE I NAME  The name of the corporation	on shall be: HOMESTEAD	PLANT	S & PRODUCE, INC.		
ARTICLE II PRINCL		_	Mailing address	s, if different is:	18 APR
15420 S W 136 S	TREET UNIT 27	_	POBOX 77215	5 5	<u>~</u>
MIAMI, FL 33196	<u>.                                    </u>		MIAMI, FL 3317	77	<del>-</del>
ARTICLE III PURPOS	<u>SE</u> e corporation is organized is: <u>Al</u>	NY AND	ALL LAWFULL BUSIN	ESS	ڢ
The purpose for which the	e corporation is organized is:				-4
					•
ARTICLE V INTLA	ock is: <u>500 SHARES OF COI</u> SHARE L <i>OFFICERS AND/OR DIRECT</i> I MARIA I. MARTINEZ D/	083			
Address	15420 SW 136 STREET U	NIT 27	Address:		
	MIAMI, FL 33196				
			Name and Wido		
Address			Address:		
		<u>.                                    </u>			
Name and Title:			Name and Title:		
Address		_			

Name and Titl	c:	Name and Title:			
Address		Address:			
ARTICLE VI REG	ISTERED AGENT street address (P.O. Box NOT acceptable) of	the registered agent is:	18 APR 10		
Name:	MARIA I, MARTINEZ				
Address:	15420 S W 136 STREET		نے و		
	MIAMI, FL 33196		· • •••		
ARTICLE VIL INC	<u>ORPORATOR</u>				
The pame and address	s of the Incorporator is:				
Name:	MARIA I. MARTINEZ				
Address:	15420 S W 136 STREET				
	MIAMI, FL 33196	•			
(If an effective date is filing.)  Note: If the date inse	than the date of filing: 4/4/18 s listed, the date must be specific and cannot rted in this block does not meet the applicable we date on the Department of State's records.				
Having been named of this certificate, I am for	registered agent to accept service of process amiliar with and accept the appointment as reg  Required Signature/Registered Agent	distered agent and agree to act in this cu	e place designated in apacity  4/18  Date		
I submit this docume document to the Depa	nt and affirm that the facts stated herein are riment of State constitutes a third pegree felon	y, as provided for in 1817.155, F.S. 1 1 D			
Required S	Signature/Incorporator	4/	74/18 Date		