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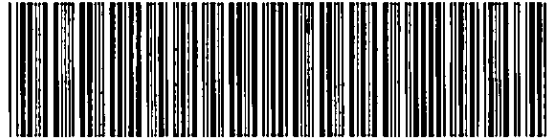
(Business Entity Name)

(Document Number)

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18 MAY -4 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 14 2018

W18-37715



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2018

JOSEPH GERENA
2034 WEXFORD GREEN DR
VALRICO, FL 33594

SUBJECT: AG-SEVEN INC.
Ref. Number: W18000037715

CHANGES MADE

AG-SEVEN SOURCE AND SUPPLY II

RECEIVED
2018 MAY - PH 12:03
CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for AG-SEVEN INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000115203.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 518A00008084

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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

AG-SEVEN SOURCE AND SUPPLY
INC.

SUBJECT: AG-Seven 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

CK # 647

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Gerena
Name (Printed or typed)

2034 WEXFORD GREEN DR
Address

Valrico FL 33594
City, State & Zip

(813) 466-0632
Daytime Telephone number

JoeGerena7@hotmail.com
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 FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

The name of the benefit corporation shall be: AG-Seven ~~THE~~ SOURCE AND SUPPLY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2034 Wexford Green Dr.
Valrico, FL 33594

SAME

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

The Sourcing and Supplying of ~~consumable~~ consumable
products used by our government on a daily
basis as part of government contracting.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Supporting the health and welfare of those
in the community and in need. Including
but not limited to Disabled Veterans

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Joseph Gerena Name and Title: _____

Address: PRESIDENT Address: _____

2034 Wexford Green Dr.
Valrico, FL 33594

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Joseph Gerena

Address: 2034 Wexford Green Dr.
Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

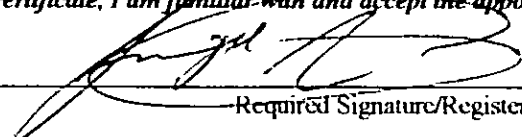
Name: Joseph Gerena

Address: 2034 Wexford Green Dr.
Valrico, FL 33594

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TALLAHASSEE, FLORIDA

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

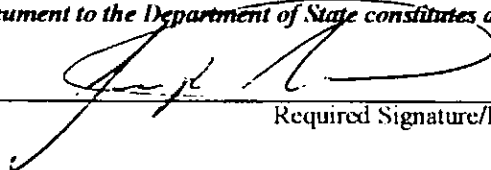


Required Signature/Registered Agent

4-16-18

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

4-16-18

Date