

# P18000079816

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
THE ROCHESTE HAM CORP

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

INFORMATION SERVICES

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Electronic Filing Menu

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Help

## 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:

THE ROCHESTE HAM CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

14163 SW 158 CT  
MIAMI FL 33196

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all business.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ARSENIO ROCHE  
PRESIDENT

Name and Title:

Address

14163 SW 158 CT  
MIAMI FL 33196

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

ENRIQUE LAZARO

Address:

11401 SW 40 ST suite 339  
MIAMI FL 33165**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

ARSENIO ROCHE

Address:

14163 SW 40 ST. suite 339  
MIAMI FL 33165**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/21/2018 (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 Agent9/21/2018  
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/Incorporator9/21/18  
Date

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