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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

****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
AquaFarm Products, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: AquaFarm Products, 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: AquaFarm Products, Inc.

Name (Printed or typed)

121 NE 34th Street

Address

Miami, FL 33173

City, State & Zip

(718) 808-2825

Daytime Telephone number

aquafarmproducts@gmail.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

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

ARTICLE I NAME

The name of the corporation shall be: AquaFarm Products, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

121 NE 34th Street

Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import and Export of food products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Andrade, President

Name and Title:

Address

131 Fox Meadow Road

Address:

Scarsdale, NY 10583

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

19 AUG 19 AM 9:30
ALL AMENDED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph Andrade
Address: 121 NE 34th Street
Miami FL 33173

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Joseph Andrade
Address: 121 NE 34th Street
Miami, FL 33173

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 8/26/2019 (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

Joseph Andrade
Required Signature/Registered Agent

8/16/19
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.

Joseph Andrade
Required Signature/Incorporator

8/16/19
Date