

**P19000080670**

Florida Department of State  
Division of Corporations  
Business Filings Services

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000320146 3))



H190003201463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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  
MULTIAGRI, INC**

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

OCT 30 2019

R. SCOTT

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2019 OCT 29 AM 9:54

FILED

**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: MULTIAGRI, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7839 Sugar Bend Dr

7839 Sugar Bend Dr

MIAMI, FL 33184

MIAMI, FL 33184

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: LOPE V. MENDOZA MORENO

Name and Title: VF. A. FREDDY J. GONZALEZ ROBLES

Address: 7839 Sugar Bend Dr

Address: 7839 Suga Bend Dr

Orlando, FL - 32819

Orlando, FL - 32819

Name and Title: T: ADOLFO J. AGANZA ESPINOZA

Name and Title: \_\_\_\_\_

Address: 7839 Sugar Bend Dr

Address: \_\_\_\_\_

Orlando, FL - 32819

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2019 OCT 29 AM 9:54  
REGISTERED  
TALLAHASSEE FLORIDA

FILED

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: FREDDY J. GONZALEZ ROBLES

Address: 7839 Sugar Bend Dr  
Orlando, FL - 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FREDDY J. GONZALEZ ROBLES

Address: 7839 Sugar Bend Dr  
Orlando, FL - 32819

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/23/2019 (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*

X Freddy Gonzalez 10/23/2019  
 Required Signature/Registered Agent 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.*

X Freddy Gonzalez 10/23/2019  
 Required Signature/Incorporator Date