

11/13/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HAVANA'S PALLETS USA, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: HAVANA'S PALLETS USA, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address556 SW 16 STREET

Mailing address, if different is:

BELLE GLADE, FL 33430**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PALLETS SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100 PER VALUE \$ 1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DARELYS VARONA (D)Address: 556 SW 16 TH STREETBELLE GLADE, FL, 33430

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: DARELYS VARONA
Address: 556 SW 16 STREET
BELLE GLADE, FL, 33430

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DARELYS VARONA
Address: 556 SW 16 STREET
BELLE GLADE, FL, 33430

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

[Signature]
Required Signature/Registered Agent

11-8-2019
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.

[Signature]
Required Signature/Incorporator

11-8-2019
Date