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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Z.C. PRODUCE, CORP**

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

**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: Z.C. PRODUCE, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address845 SW 71ST CT

Mailing address, if different is:

845 SW 71ST CTMiami FL 33144Miami FL 33144**ARTICLE III PURPOSE**

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

Any and All business in the State of Florida**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CUETO, ZENEN President

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

Address 845 SW 71ST CT

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

MIAMI, FL 33144

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

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

Address \_\_\_\_\_

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

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

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

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CUETO, ZENEN  
Address: 845 SW 71ST CT  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CUETO, ZENEN  
Address: 845 SW 71ST CT  
MIAMI, FL 33144


**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.)

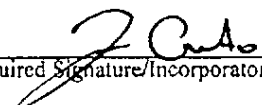
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

12/3/19  
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.*

  
Required Signature/Incorporator

12/3/19  
Date

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