

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P19000093991

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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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Phone : (305)552-5973
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****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
AGPRO TROPICALS INC.**

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 19 PM 2:06

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PLEASE FILE AFTER H19000365892

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

AGPRO TROPICALS INC.

of Document # P18000091034

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Maria C. Calderon

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THANKS
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profin)

ARTICLE I NAME: The name of the corporation is:

AGPRO TROPICALS INC.

ARTICLE II. PRINCIPAL OFFICE.

The principal street address and mailing address is:

P. The principal street address and mailing address is:
9311 SW 88 TR. MIAMI, FL 33176
MAILING: P.O. BOX 669263
MIAMI, FL 33166

MAILING: P.O. BOX 669263

MIAMI, FL 33166

ARTICLE III. SHARES: The number of shares of stock is:

1520

ARTICLE IV. INITIAL DIRECTORS AND/OR OFFICERS:

PRESIDENT: MARIA C. CALDERON

ARTICLE V. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (PO Box not acceptable) of the registered agent

MARIA C. CALDERON

9311 SW 88 TR.

MIAMI, FL 33176

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MARIA C. CALDERON

9311 SW 88 TR.

MIAMI 1 FL 33176

SECRETARY OF STATE
TALL PHASE
SECRETARY OF STATE

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Required Signatures:

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

Wesley
Registered Agent

12/17/19
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.

Wesley
Incorporator

12/17/19
Date

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