

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

> Account Number : I20080000019 : (305)552-5973 Fax Number : (305)675-5944

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JAN 27 2020

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleaso. **

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION BELEN TROPICAL PRODUCE CORP

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Belen Tropical Produce Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
· · · · · · · · · · · · · · · · · · ·
21150 SW 167th Ave,
Miami, F2 33187
ARTICLE JII SHARES: The number of shares of stock is:
AFTICLE IV INITIAL DIRECTORS AND/OR OFFICER:
Oscar Widney Llerena Machado (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADURESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
allso sw 167th Ave
Miami, FL 33187
OSCAR WIDNEY LLERENA MACHADO
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
OSCAY WIGHEN LIEVENA Machado
21150 SW 167th Ave,
- Miami, FL 33187

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

Registered Agent

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 its s.817.155, F.S.

Late