

P20 D00023028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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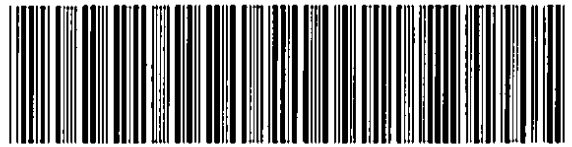
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/25/20--01/31--009 \*\*97.50

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: HUAPILLA FARMS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Jonathan Mendoza Huapilla and Luis Angel Huapilla  
Name (Printed or typed)

903 Pine Street  
Address

Immokalee, Florida 34142  
City, State & Zip

863-234-8896 / 828- 817-4143  
Daytime Telephone number

dvf.mgment@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 25 PM 4: 58

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**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: HUAPILLA FARMS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
903 Pine Street  
Immokalee, Florida 34142

Mailing address, if different is:  
903 Pine Street  
Immokalee, Florida 34142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
Any activities or business permitted under the laws of the United States of America and the state of  
Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Jonathan Mendoza Huapilla / President</u>	Name and Title:	<u>Luis Angel Huapilla / Vice President</u>
Address	<u>903 Pine Street</u>	Address:	<u>903 Pine Street</u>
	<u>Immokalee, Florida 34142</u>		<u>Immokalee, Florida 34142</u>
	<u>828-817-4143</u>		<u>239-218-0970 / 239-842-4663</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Esmeralda Sandoval

Address: 7451 Friendship Lane

Naples, Florida 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Esmeralda Sandoval

Address: 7451 Friendship Lane

Naples, Florida 34120

**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 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:*

Esmeralda Sandoval

Required Signature/Registered Agent

02/20/20

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.817.03(4)(a).*

Domthant Huopitta

Required Signature/Incorporator

02-20-20

Date

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TALLAHASSEE, FL