

Division of Corporations

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**P2 00000602**  
Florida Department of State  
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.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CAPRI FARMS FS INC**

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

RECEIVED  
2020 AUG 10 AM 10:12  
CORPORATIONS  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:CAPRI FARMS FS INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

19900 SW 248 ST.HOMESTEAD, FL 33031**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**HECTOR L. CHIN JR. / SECRETARYHUGH LINCOLN CHIN / PRESIDENTROBERT S. CHIN / VPKIM A CHIN / DIRECTORHUGH LEIGHTON CHIN / DIRECTORRYAN A CHIN / DIRECTORHENRY CHIN / DIRECTOR and TIFFANY CHIN / DIRECTOR**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

HUGH L. CHIN19900 SW 248 ST.HOMESTEAD, FL 33031**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:HUGH L. CHIN19900 SW 248 ST.HOMESTEAD, FL 33031

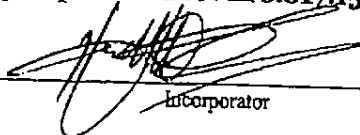
**Required Signatures:**

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

8/6/2020  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

8/6/2020  
\_\_\_\_\_  
Date