

# P20000066835

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : PEDRO LUZQUINOS  
Account Number : I20170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUZEQUINO1FC@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
APAMA ORGANIC FRUITS INC

Certificate of Status	0
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2020 AUG 27 PM 4:59

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## COVER LETTER

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2020 AUG 27 PM 4:59

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

STATE OF FLORIDA  
TALLAHASSEE

SUBJECT: APAMA ORGANIC FRUITS 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: DAVID, NOHRA

Name (Printed or typed)

28715 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS, FL 34135

City, State &amp; Zip

(954) 655-8413

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

14200002976733

**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: APAMA ORGANIC FRUITS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
28715 ALESSANDRIA CIRCLE

Mailing address, if different

BONITA SPRINGS, FL 34135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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2020 AUG 27 PM 5:00

**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DAVID, NOHRA (P)

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

Address 28715 ALESSANDRIA CIRCLE

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

BONITA SPRINGS, FL 34135

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

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

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

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

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: DAVID, NOHRA  
Address: 28715 ALESSANDRIA CIRCLE  
BONITA SPRINGS, FL 34135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID, NOHRA  
Address: 28715 ALESSANDRIA CIRCLE  
BONITA SPRINGS, FL 34135

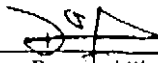
**ARTICLE VIII EFFECTIVE DATE:**

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*

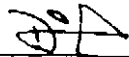


Required Signature/Registered Agent

08/27/2020

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.*



Required Signature/Incorporator

08/27/2020

Date

14200002476733