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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  
AGROPARTNERS CORP**

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

**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: AGROPARTNERS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal Street Address: 232 DE LEON DR  
MIAMI SPRINGS, FL 33166

Mailing Address if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV**

The number of shares of stock is: 100 SHARES

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

Name and Title: VICENTE OSUNA - President

Address: 232 DE LEON DR  
MIAMI SPRINGS, FL 33166

**ARTICLE VI REGISTERED AGENT**

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name: VICENTE OSUNA

Address: 232 DE LEON DR  
MIAMI SPRINGS, FL 33166

**ARTICLE VII INCORPORATOR**

FILED  
2020 OCT -9 PM 4:30

**ARTICLE VII INCORPORATOR**

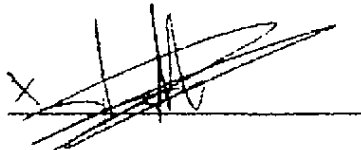
The name and address of the Incorporator is:

Name: VICENTE OSUNA

Address: 232 DE LEON DR

MIAMI SPRINGS, FL 33166

*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*

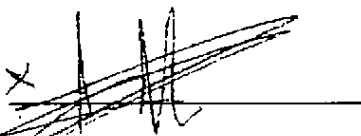
X 

Required Signature/Registered Agent

X 10-06-2020

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

X 

Required Signature/Incorporator

X 10-06-2020

Date