

P21000059032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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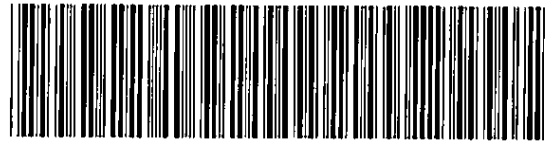
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

by 12

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 6/23 DANNY

XX CERTIFIED COPY ARTS AND AMENDS

PHOTOCOPY _____

CUS _____

XX FILING DOMESTICATION

1. **FLORIPA PRODUCE, INC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: DOMESTICATION OF A MASSACHUSETTS CORP INTO A FLORIDA CORP

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: ELAINE OLIVEIRA

Name (printed or typed)

411 SE MIZNER BLVD STE 72

Address

BOCA RATON, FL 33432

City, State & Zip

954-782-4000

Daytime Telephone Number

ELAINE.OLIVEIRA@GENESISTAXHOUSE.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, RITA D MONDARDO PRESIDENT
(Name) (Title)
of FLORIPA PRODUCOES, INC., a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is FLORIPA PRODUCOES, INC.
(Foreign Corporation)

2. The jurisdiction and date of its formation is MASSACHUSETTS - JUNE 9, 2006

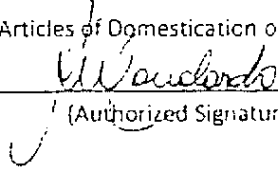
3. The name of the domesticated corporation is FLORIPA PRODUCOES, INC.

4. The jurisdiction of formation of the domesticated corporation is Florida

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

FLORIPA PRODUCCES, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
2101 NW 33RD ST #1200

Mailing Address

POMPANO BEACH, FLORIDA

SAME AS PRINCIPAL

33069

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TO DO BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: TEN THOUSAND

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

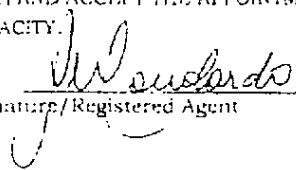
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

RITA D MONDARDO

3101 NW 33RD ST #1200

POMPANO BEACH, FL 33069

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

06/23/2021
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: RITA D MONDARDO - PRESIDENT

Address: 2101 NW 33RD ST #1200

POMPANO BEACH - FL

33069

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Signature/Authorized Person

06/23/2021

Date