

7/8/2021

Division of Corporations

**P210000263152**

Florida Department of State  
Division of Corporations  
Secretary of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**BABY FOODS ARTEAGA CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

JUL 09 2021

T. SCOTT

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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: BABY FOODS ARTEAGA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1665 NW 133RD ST  
NORTH MIAMI, FL 33167

1665 NW 133RD ST  
NORTH MIAMI, FL 33167

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JORGE ARTEAGA PRESIDENT Name and Title: \_\_\_\_\_

Address 1665 NW 133RD ST Address: \_\_\_\_\_  
NORTH MIAMI, FL 33167

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

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

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

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

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|                       |                       |
|-----------------------|-----------------------|
| 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: JORGE ARTEAGA  
Address: 1665 NW 133RD ST  
NORTH MIAMI, FL 33167

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE ARTEAGA  
Address: 1665 NW 133RD ST  
NORTH MIAMI, FL 33167


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

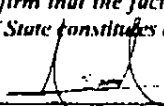
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

|   |                           |
|---|---------------------------|
| <br>_____<br>Required Signature/Registered Agent | <u>07-04-2021</u><br>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.*

|   |                           |
|---|---------------------------|
| <br>_____<br>Required Signature/Incorporator | <u>07-04-2021</u><br>Date |
|---|---------------------------|

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