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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 : ADRIAN TAX SERVICES INC.  
Account Number : I20220000042  
Phone : (786)370-2432  
Fax Number : (305)266-5758

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

Email Address: manoloian2004@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AG GROWTH & MARKETING INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: AG GROWTH & MARKETING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 401 N FEDERAL HWY BUILDING 4  
APT 602  
HALLANDALE FL 33009

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRES GARCIA/PRESIDENT Name and Title: \_\_\_\_\_  
Address: 401 N FEDERAL HWY BUILDING 4 APT 602 Address: \_\_\_\_\_  
HALLANDALE FL 33009  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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Prepared by: [Handwritten Signature]

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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:                                 ANDRES GARCIA                                

Address:                                 401 N FEDERAL HWY BUILDING 4 APT 602                                

                                HALLANDALE FL 33009                                

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:                                 ANDRES GARCIA                                

Address:                                 401 N FEDERAL HWY BUILDING 4 APT 602                                

                                HALLANDALE FL 33009                                

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**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*

X                                 ANDRES GARCIA                                                                 11/09/2022                                

Required Signature/Registered Agent 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.*

X                                 ANDRES GARCIA                                                                 11/09/2022                                

Required Signature/Incorporator Date

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