

11/9/22, 3:31 PM

P22000085161Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000383759 3)))



H220003837593ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.comFLORIDA PROFIT/NON PROFIT CORPORATION
AG GROWTH & MARKETING INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000383759 3)))

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 OFFICEPrincipal street address

Mailing address, if different is:

401 N FEDERAL HWY BUILDING 4

APT 602

HALLANDALE FL 33009

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 DIRECTORSName 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: _____

(((H22000383759 3)))

(((H22000383759 3)))

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

Name: ANDRES GARCIA

Address: 401 N FEDERAL HWY BUILDING 4 APT 602
HALLANDALE FL 33009

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

Required Signature/Registered Agent

11/09/2022

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

Required Signature/Incorporator

11/09/2022

Date

(((H22000383759 3)))