

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

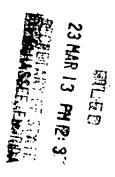
Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (786)783-3650

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 PACIFIC FRUITS CORPORATION

Certificate of Status	1
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the cor	poration shall be: FRUITSWEET - VI	LLE CORPORATION
ARTICLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:
2175 NW 115T	H AVE SUITE 205	2175 NW 115TH AVE SUITE 205
MIAMI, FL 331	72	MIAMI, FL 33172
ARTICLE III PUI The purpose for whi		ID ALL LAWFUL BUSINESS
ARTICLE IV SH. The number of share		23 MAR
Name and	Title: CARLOS ARTURO RUBIANO ZORNOSA	(P) Name and Title: ARTHUR ANDRES RUBIANO OSEX (VP)
Address	2175 NW 115TH AVE SUITE 2	205 Address: 2175 NW 115 PLAVE SUITE 205
	MIAMI, FL 33172	MIAMI, FL 33172
Name and T	itle: <u>JUAN MANUEL ORTIZ SANTANDER (T</u>) Name and Title:
Address	2175 NW 115TH AVE SUITE 2	205 Address:
	MIAMI, FL 33172	

Name and Title:	Name and Title:
Address	Address:
·	
Name and Title:	Name and Title:
Address	Address:
ne <u>name and Florida street address</u> (P.O. Box No Jame: <u>CARLOS ARTURO RUBIANO Z</u> ORNO Address: <u>2175 NW 115TH AVE SUI</u> TE 20	DSA
MIAMI, FL 33172	
RTICLE VII INCORPORATOR	
e name and address of the incorporator is:	MAR MAR
Name: CARLOS ARTURO RUBIANO ZORI	NOSA 205
Address: 2175 NW 115TH AVE SUITE	205
MIAMI, FL 33172	
RTICLE VIII EFFECTIVE DATE: fective date, if other than the date of filing.	(OPTIONAL)

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

1Pl Carlon artiva Rubiano Bonnora.
Required Signature/Registered Agént

03/06/2023

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.

104 Carlon artiero Rubiano Zorroma Required Signature/Incorporator

03/06/2023

Date

23 MAR 13 PH 12: 31: