

P96000050335
TRANSMITTAL LETTER

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

SECRET
06/11/96--01033--010
***4131.25 ***4131.25

SUBJECT: TRADE WINDS TROPICAL FRUITS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FILED
56 JUN 10 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: ROBERTA E. SIKORA
Name (printed or typed)

18524 N.W. 67th Ave, Suite 240
Address

Miami, FL 33015
City, State & Zip

305-620-9703
Daytime Telephone number

NR Jan

6/13/96
TD

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
96 JUN 10 AM 8:32
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TRADE WINDS TROPICAL FRUITS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18524 N.W. 67th Ave., Suite 240
Miami, FL. 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERTA E. SIKORA
18524 N.W. 67th Ave. Suite 240
Miami, FL. 33015

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROBERTA E. SIKORA
18524 N.W. 67th Ave. Suite 240
MIAMI, FL. 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of June, 19 96.

(An additional article must be added if an effective date is requested.)


Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TRADEWINDS TROPICAL FRUITS, INC.

2. The name and address of the registered agent and office is:

ROBERTA E. SIKORA
(NAME)
18524 N.W. 67th Ave, Suite 240
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
MIAMI, FL. 33015
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Roberta E. Sikora
(SIGNATURE)

6-4-96
(DATE)