# 058317

Department of State

Division of Corporation P.O. Box 6327		
Tallahassee, FL 323	14 MIDEX-FARMS INC.	
SUBJECT:	(proposed corporate name)	
	(proposed corporate name)	
·		on and our check
for \$ 10.00	nal and one (1) copy of the articles of incorporati	on and our chock
1		
FROM:	MIDEX-FARMS INC.	_
	Name (printed or typed)	
	250 Catalonia Ave. Suite 305	<del></del>
	Address Coral Gables, Florida 33134	<u></u>
	City, State, & Zip	
	( 305 ) 441-0040 Telephone Number	<del>-</del>
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Note: Please provi	ide the original and one copy of the Articles.	
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 3, 1997

MIDEX-FARMS INC. 250 CATALONIA AVENUE SUITE 305 CORAL GABLES, FL 33134

SUBJECT: MIDEX-FARMS INC. Ref. Number: W97000012988

We have received your document for MIDEX-FARMS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffle Corporate Specialist Supervisor

Letter Number: 097A00029999

MAIL TU:



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 26, 1997

MIDEX-FARMS INC. 250 CATALONIA AVENUE SUITE 305 CORAL GABLES, FL 33134

SUBJECT: MIDEX-FARMS INC. Ref. Number: W97000012988

We have received your document for MIDEX-FARMS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 597A00033816

### ARTICLES OF INCORPORATION

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MIDEX-FARMS INC.

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

#### ARTICLE | NAME

The name of the corporation shall be:

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MIDEX-FARMS INC.

#### ARTICLE IL PRINCIPAL OFFICE

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

250 Catalonia Ave. Suite 305 Coral Gables, Fl. 33154

#### ARTICLE III SHARES

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

(ten thousand) 10,000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas Chialastri 250 Catalonia Ave. Suite 305 Coral GAbles, FL. 33134

#### ARTICLE V INCORPORATOR(S)

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

- Mr. Fernando R. Justicia Sr. Baquerizo #238 Quito, Ecuador
- Mr. Marcelo Torres S.
   Paris #1100 y Victor Hugo
   Quito, Ecuador
- Mr. Fernando J. Justicia Jr. Baquerizo # 238 Quito, Ecuador
- Mr. José Enriquez M.
   Crnl. Carlos Guerrero #339 y Bosmediano Quito, Ecuador

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 27th day of may, 1997.

Signature

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\$Ignature

Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

97 JUL -2 AM 10: 03

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Istatutes, the undersigned corporation, organized under the laws of the State of Florida, submits the laws of the State of Florida, submits the laws of the State of Florida.

Th	e name of the corporation is: MIDEX-FARMS INC.
Th	ne name and address of the registered agent and office is:
111	
	Thomas Chialastri
	(NAME)
i	250 Catalonia Ave. Suite 305
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Coral Gables, Florida 33134
_	(CITY/STATE/ZIP)

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.

SIGNATURE Thomas Chil

DATE May 7-9 1997