AFRI PAC INC.

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

SUBJECT:	AFRI PAC INC. (Proposed corporate name - must include suffix)			_
	(r.opouda	osporato mano mant mosaca		
Enclosed is an original ar	nd one(1) copy of the articl	es 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 CO	PY REQUIRED	
FROM:	Hazelle Rogers Name (Printed or typed)			
_	2769 NW 36th Ave.			
	Lauderdale Lakes, Florida 33311-1823			
_	NSS S			
_	(954) 485-6356 Daytime T	elephone number	EE. FLORIDA	LED 8 PM 12: 25

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AFRI PAC INC.

ARTICLE II PRINCIPAL OFFICE

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

2769 NW 36th Avenue Lauderdale Lakes, FL. 33311-1823

ARTICLE III SHARES

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

1000. Value of each share of stock is \$01.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Hazelle Rogers 2769 NW 36th Ave. Lauderdale Lakes, Fl. 33311

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Hazelle Rogers 2769 NW 36th Ave. Lauderdale Lakes, Fl. 33311

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

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/Registered Agent

-8 PM 12: 25
ARY OF STATE
ASSEE, FLORIDA