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FLORIDA DIVISION OF CORPORATIONS

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CONTACT: AL CLARK  
PHONE: (813) 398-6011

FAX #:

(813) 397-5189

NAME: CONSOLIDATED WHOLESALE PRODUCE COMPANY

AUDIT NUMBER.....H98000020038

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 3

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TALLAHASSEE, FLORIDA

## 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.*

### ARTICLE I NAME

The name of the corporation shall be

CONSOLIDATED WHOLESALE PRODUCE COMPANY

### ARTICLE II PRINCIPAL OFFICE

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

9313 BARRINGTON LANE  
PORT RICHEY, FL.34668

### ARTICLE III SHARES

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

1000 SHARES  
NO PAR

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
prepared by:

Name: MARION ESPOSITO  
Address: 9313 BARRINGTON LANE  
PORT RICHEY, FL.34668

Accounting & Tax Help, INC.  
8668 PARK BLVD Suite A  
SEMINOLE, Florida 33777

PH # 727-787-3850

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**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):

MARION *Espósito*

9313 Barrington Lane  
Port Richey, FL 34668

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

28<sup>th</sup> day of October, 19 98.

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

*x Marion E Espósito*  
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.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:

CONSOLIDATED WHOLESALE PRODUCE COMPANY

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

Accounting & Tax Help, INC.  
(Name)

8668 PARK BLVD., Suite A  
(P.O. Box not acceptable)

SEMINOLE Florida 33777  
(City/State/Zip)

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*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.*

Al Clark DATE 10-28-98  
(Signature)  
PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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