

Charter Number Only

1/11/99 P900003588

Requestor's Name M. Oraquez Accounting  
Address 420 S.E. 7th Ave  
Hialeah FL 33010 0294  
City State ZIP Phone

VALIDATION ONLY

500002739045--4  
-01/13/99--01010--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Tropical Produce Inc.

FILED  
99 JAN 3 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Profit          | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                  | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                    | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy  | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
| <input type="checkbox"/> Walk In                    |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Certified Copy

RECEIVED  
99 JAN 13 AM 9:07  
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

**ARTICLES OF INCORPORATION**

**OF**

**TROPICAL PRODUCE, INC**

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: TROPICAL PRODUCE INC

**ARTICLE II PRINCIPAL OFFICE**

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

9401 NW 4th Street  
Pembroke Pines, FL 33024

**ARTICLE III CAPITAL STOCK**

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

500

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

William Borden  
9401 NW 4th Street  
Pembroke Pines FL 33024

FILED  
99 JAN 13 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

William Borden (President)  
9401 NW 4th Street  
Pembroke Pines FL 33024

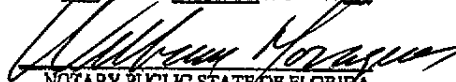
Marolie Borden (Secretary)  
9401 NW 4th Street  
Pembroke Pines FL 33024

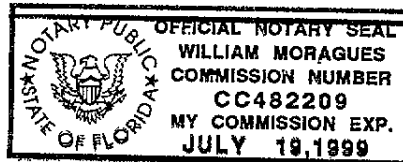
The undersigned has (have) executed these Articles of incorporation this

Jan 11th day of January 1999

  
Signature/President

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS 11 DAY OF Jan A.D. 1999

  
NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. \_\_\_\_\_



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

Pursuant to the provisions of Section 607.325, 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: TROPICAL PRODUCE INC

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

9401 NW 4th Street.

(P.O. BOX NOT ACCEPTABLE)

Pembroke Pines Florida, 33024

(CITY/STATE/ZIP)

SIGNATURE x William A. Bn  
(corporate officer)

TITLE PRESIDENT

DATE JAN 11th 1999

99 JAN 13 AM 10:50  
SECRETARY  
ALLAHAMST  
FLORIDA

FILED

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE x William A. Bn

DATE JAN 11th 1999