Division of Corporations



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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(((H99000003739 2)))

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To:

Division of Corporations

Fax Number : (850)922-4001

From;

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CUBA FOOD CONNECTION, INC.

\$200 per control of the control of t			
Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$78.75		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 16, 1999

FAS-T CORP

SUBJECT: CUBA FOOD CONNECTION, INC.

REF: W99000003926

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please complete article 8.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H99000003739 Letter Number: 699A00006967

ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do herby adopt the following articles of incorporation:

ARTICLE ONE.

The name of the corporation is Cuba Food Connection, Inc

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

1.- To engage in the business of Office administration service

- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3.- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY: ASHLAND ASSURANCE, INC AILIN TURBAY 608 N.W 57th AVE MIAMI.FL 33126 (305) 262-4053

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 608 N.W 57 AVE ,MIANI,FL 33126 and the name of its initial registered agent is AILIN TURBAY.

ARTICLE EIGHT

NAME

ADDRESS

VIVIAN MORFFIZ

11128 N.W 2nd TERRA MIAMI, FL 33172

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME

ADDRESS

AILIN TURBAY

608 N.W 57th AVE MIAMI,FL 33126

executed by the undersigned at MIAMI, FLORIDA on FEBRUARY 16 , 1999 .

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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

	Section 1		~ _
	In pursuance of Chantes con	34 3	Neg Neg
	In pursuance of Chapter 607. submitted, in compliance with s	34 Florida Statutes, the	a following
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	First-That CUBA FOOI	CONNECTION, INC	B 482
	(NAM	E OF CORPORATION)	0 000
	desiring to organize under the	1	교 경우
	ander clie	Taws Of the State Of	FLORIDA SS (FLORIDA)O: SS
	10.00	-	The state of the s
	with its principal office, as : incorporation at City of	indicated in the article	
	The state of the s	MYAMT (CITY)	county
		-(0224)	-
	of DADE	,State of	PLORIDA
	(COUNTRY)	• .!	(STATE)
	has named	**	
	(NAME OF RESIDENT AGENT)		
	located at 608 N.W 57 AV	E MIAMT.FL 33126	·
	(O.FICES PURESS F	IND NUMBER OF BUTINTHS	
		ADDRESS NOT ACCEPTABLE)	
•	city of FLORIDA	, County of	DADE
	(CITY)		(COUNTRY)
	State of Fiorisa as income		
	State of Plorida, as its agent this state.	to accept service of br	ocess within
4	ACKNOWLEDGEMENT: (MUST BE SIGN	ED BY DESIGNATED AGENT)	
	Having been named to accept a	omriae es	_
	Having been named to accept s stated corporation, at place de hereby accept to act in this		
•			
	provision of said Act relative	to keeping open said of	fice.
		s., A.	ι
		BY SIGNĀ	TUDE
		REGISTERE	
H99000003	739 2	- AND	
		INCORP	ORATOR

-4.