

TRANSMITTAL LETTER

P99000030057

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

SUBJECT:

Amilagro Corporation Inc.
(Proposed corporate name - must include suffix)

400002821634-5
-03/29/93--01082--002
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Dr. M. C. Hamilton
Name (Printed or typed)

1000 Lee Blvd., Suite #203
Address

Lehigh Acres, FL 33936
City, State & Zip

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 29 PM 12:42

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

4-1
WS

ARTICLES OF INCORPORATION

OF

AMILAGRO CORPORATION 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.

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DIVISION OF CORPORATIONS
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ARTICLE I NAME

The name of the corporation shall be:

AMILAGRO CORPORATION INC.

ARTICLE II PRINCIPAL OFFICE

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

1000 LEE BLVD., SUITE #203
LEHIGH ACRES, FL 33936

ARTICLE III CAPITAL STOCK

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

THIS CORPORATION IS AUTHORIZED TO ISSUE
TWELVE MILLION SHARES (12,000,000.) OF COMMON STOCK,
\$0.0001 PAR VALUE PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DR. M.C. HAMILTON
1000 LEE BLVD., SUITE #203
LEHIGH ACRES, FL 33936

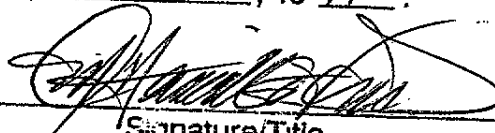
ARTICLE V INCORPORATOR(S)

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

DR. M. C. HAMILTON
1000 LEE BLVD., SUITE #203
LEHIGH ACRES, FL 33936

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

22ND day of MARCH, 19 99.


Signature/Title PRESIDENT.

Signature/Title

Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: AMILAGRO CORPORATION INC.

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

DR. M.C. HAMILTON
(NAME)

1000 LEE BLVD., SUITE #203
(P.O. BOX NOT ACCEPTABLE)

LEHIGH ACRES, FL 33426
(CITY/STATE/ZIP)

ALL MAIL TO: P.O. BOX 1143
LEHIGH ACRES, FL 33470

SIGNATURE

(Signature)
(corporate officer)

TITLE

PRESIDENT

DATE

3-22-99

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

(Signature)

DATE

3-22-99

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