TRANSMITTAL LETTER

P99000043343

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

:

500002870185--7 -05/10/99--01145--007 *****87.50 *****87.50

SUBJECT: Giacomuzzi Produce Inc. (Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the article			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐\$78.75 Filing Fce & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Robert M. Giacomuzzi Name (Printed or typed)				
5153 Oak Hill Lane #525 Address				
Delray Beach, Florida 33484 City, State & Zip				
	(561) 499-2554 Daytime T	elephone number	<u></u> ۲۰۰۰ کارن محدد	

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:

Giacomuzzi Produce Inc.

ARTICLE II PRINCIPAL OFFICE

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

5153 Oak Hill Lane #525 Delray Beach, Florida 33484

ARTICLE III SHARES

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

(1000.) One thousand shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert M. Giacomuzzi 5153 Oak Hill Lane #525 Delray Beach, Florida 33484

ARTICLE V INCORPORATOR

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

Robert M. Giacomuzzi 5153 Oak Hill Lane #525 Delray Beach, Florida 33484

Robert M. Hacoming
Signature/Incorporator

5-6-99 Date

(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

Adu M Jacomung Signature/Registered Agent

5-6-99

Date