

P9900059087

TRANSMITTAL LETTER

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

800002916998--6
-06/28/99-01079-015
*****78.75 *****78.75

SUBJECT: WIMAUMA Produce INC.
(Proposed corporate name - must include suffix)

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: WIMAUMA Produce INC.
Name (Printed or typed)

22605 S.W. 184 Ave.
Address

MIAMI, FL. 33170
City, State & Zip

(305) 248-1767
Daytime Telephone number

99 JUN 28 AM 11:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
6-30-99
WFO
CMT

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:

WIMAUMA PRODUCE INC.

ARTICLE II PRINCIPAL OFFICE

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

22605 S.W. 184 Ave
MIAMI, FL. 33170

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

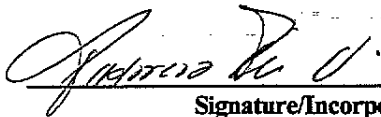
The name and Florida street address of the initial registered agent are:

PATRICIA I. VILLODO
22605 S.W. 184 Ave.
MIAMI, FL 33170

ARTICLE V INCORPORATOR

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

PATRICIA I. VILLODO
22605 SW 184 Ave
MIAMI, FL 33170



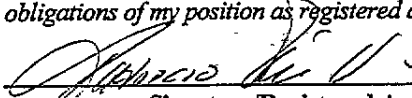
Signature/Incorporator

6/24/99

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



Signature/Registered Agent

6/24/99

Date

FILED
99 JUN 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA