TRANSMITTAL LETTER Department of State TRANSMITTAL LETTER

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

EFFECTIVE DATE

900	003054	249
	-11/24/990	01064010
•	*****78.75	*****78.75

SUBJECT:

GARDEN CITY 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

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

X\$78.75

\$87.50

Filing Fee

. Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: EZ

EZZAT MENIAS

Name (Printed or typed)

5904 S. ORANGE AVENUE

Address

32809

City, State & Zip

(407) 851-3020

ORLANDO, FL

Daytime Telephone number

FILED

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

ARTICLES OF INCORPORATION

I ne una Busines	dersigned incorpord is Corporation Act,	ntor, for the purpose of hereby adopts the fol.	f forming a co lowing Articles	rporation under of Incorporation	r the Florida on. 99 _{Ar.}	FILED 184 AH 8: 20 SEE, ESTA	
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		RANGE AVENUE	iom ess of fills	corporation s	nan be:	£	
	ORLANDO, F	L 32809			· ·		
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ARTIC	CLE III SI	<u>IARES</u>	e negovern	- * <u>*</u>			
The nur	mber of shares of	stock that this corpo	ration is auth	orized to have	outstanding at any	one time is:	
	1000 (ONE	THOUSAND SHAP	RES) NO F	AR VALUE			
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ARTIC	CLĖ IV INT	TIAL REGISTE	PED ACES	777 437D C/81			•
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		ANGE AVENUE				•	
	ORLANDO, F	•	•	V 4	•		
	LE V INC	ORPORATOR			ex e ne		• •
THE MAI		f the incorporator to	these Article	_			•
	5904 S. OR	ANGE AVENUE		EZZAT ME	NIAS - 🚺 ORANGE AVENU	· •	
	ORLANDO, F		+ <u>4</u> -	ORLANDO,	FL 32809	E	
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	4		4				
-	Rat Ku	ud d	<u> </u>		1121	99	
0	Signature/Inc	orporator			Date		
							•
	(Ar	additional article m	nust be added	if an affactive	doto in 1 \		
	EFFECTIVE I	DATE 1/1/200		n an effective	uale is requested.)		
		, _,					
iaving bei ertificate	en named as registere I hereby accept the	ed agent and to accept a	service of proces	ss for the above s	tated corporation at t	he place designated	in this
rovisions	of all statutes relat	appointment as registering to the proper and	reu ugent ana a complete perfa	gree to act in th	is capacity. I further	agree to comply w	ith the
bligations	of my position as reg	zistered agent	<u> </u>			иш мин апа ассе	pt the
1/2	not the	ia	* = * ***		11/21/99		
0	Signature/Regist	ered Agent		***************************************	Date	· · · · · · · · · · · · · · · · · · ·	—