

TRANSMITTAL LETTER

	Department of State Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314
	Chema Distributors Corp. SUBJECT:
	(Proposed corporate name)
	Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$
	Chema Distributors Corp.
	Name (printed or typed)
	16172 SW 8th Street
	Address
_	Pembroke Pines, Fl. 33027 City, State & Zip Code
	(954) 430-7335
/	Telephone Number Note: Please provide the original and one copy of the Articles.



ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

Chema Distributors Corp.

ARTICLE II PRINCIPAL OFFICE

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

16172 SW 8th Street Pembroke Pines, Fl. 33027

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Hurtado 16172 SW 8th Street Pembroke Pines, Fl. 33027

ARTICLE V INCORPORATOR(S)

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

Jose Hurtado President / Secretary 16172 SW 8th Street Pembroke Pines, Fl. 33027

of Incorporation this	s day of T	executed these Articles
	Signature	<u> </u>
	Signature	·
	Signature	

CERTIFICATE OF DESIGNATION OF 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.

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1.	The name of the corporation i	Chema Distributors Corp.
		16172 SW 8th Street Pembroke Pines, Fl. 33027
2.	The name and address of the r	egistered agent and office is:
		Jose Hurtado
		(Name)
		16172 SW 8th Street
	(P.O.	Box or Mail Drop NOT acceptable)
		Pembroke Pines, Fl. 33027
		(City/State/Zip)
this agent with compl	certificate, I hereby accept and agree to act in this capace the provisions of all statut	gent and to accept service of ation at the place designated in the appointment as registered city. I further agree to comply es relating to the proper and I am familiar with and accept egistered agent.
	(SIGNATURE) SION OF CORPORATIONS, P.O.BOX 6	(DATE) TALLAHA SCRE IN COLOR
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