

PO2000046052

**M.P. DISTRIBUTING
P.O. BOX 8773
PORT ST. LUCIE, FL 34985
(561) 464-8777**

FILED
02 APR 23 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dear Division of Corporations:

Enclosed please find the following: original and two (2) copies of the Articles of Incorporation for M.P. Distributing, Inc., Proposed Corporate Name Sheet, check number 2109 in the amount of \$87.50 for filing fees, self addressed stamped envelope for return of the Articles.

If you require any further information to register M.P., Distributing, Inc. as a legal corporation in the state of Florida please contact me as soon as possible at the above stated address.

Thank you in advance for attention to this matter.

Sincerely,



Thomas V. DiCanio

600005325216--3
-04/23/02--01032--001
*****87.50 *****87.50

Enclosures
/mm

Handwritten initials and date:
KSP
4/26/02

ARTICLES OF INCORPORATION
OF
M.P. DISTRIBUTING, INC.

FILED

02 APR 23 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I. CORPORATE NAME

The name of this corporation shall be: M.P. DISTRIBUTING, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is: 17220 Hammock Lane, Port St. Lucie, Florida 34987.

ARTICLE III. PURPOSE

The purpose for which this corporation is organized is: to carry on any lawful activity.

ARTICLE IV. SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100).

ARTICLE V. INITIAL REGISTERED AGENT

The name and Florida street address of the registered agent is: THOMAS VICTOR DiCANIO, 17220 Hammock Lane, Port St. Lucie, Florida 34987.


ARTICLE VI. INCORPORATOR

The name and address of the Incorporator is: THOMAS VICTOR DiCANIO, 17220 Hammock Lane Port St. Lucie, Florida 34987.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



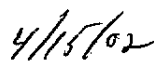
Signature-Registered Agent/Thomas Victor DiCanio



Date



Signature-Incorporator/Thomas Victor DiCanio



Date