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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** M D Wholesaler Inc  
(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Mounir Djouwayed  
Name (Printed or typed)

6385 S. W. 25 Street  
Address

Miami, FL 33155  
City, State & Zip

(305) 546-2472  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

M D Wholesaler Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

6385 S. W. 25 Street  
Miami, Fl 33155

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Wholesaler/retail clothes

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Mounir Djouwayed , President 50%  
Iliana Armaignac, Vice President/Treasurer 50 %  
6385 S. W. 25 Street  
Miami, Fl 33155

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mounir Djouwayed  
6385 S. W. 25 Street  
Miami, Fl 33155


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Iliana Armaignac  
6385 S. W. 25 Street  
Miami, Fl 33155

\*\*\*\*\*

*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

Sept. 20, 2007  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Sept. 20, 2007  
\_\_\_\_\_  
Date

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