

APR/12/2016/TUE 01:27 PM

FAX No.

P. 001

P16 000032546

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALD DISTRIBUTION CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

APR 13 2016

T. SCOTT

16 APR 12 PM 2:37

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APR/12/2016/TUE 01:27 PM

FAX No.

P. 002

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: ALD DISTRIBUTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5470 NW 107 AVE UNIT 806

DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SKYSTE MED CORP (P)

Name and Title: _____

Address 5470 NW 107 AVE UNIT 806

Address: _____

DORAL, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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16 APR 12 PM 12:37

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SKYSTE MED CORP
Address: 5470 NW 107 AVE UNIT 806
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SKYSTE MED CORP
Address: 5470 NW 107 AVE UNIT 806
DORAL, FL 33178

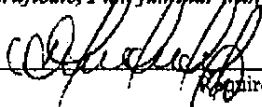
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

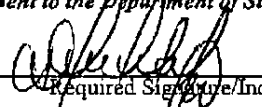


Required Signature/Registered Agent

04/11/2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

04/11/2016

Date