

# P99000082362

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.  
 (Requestor's Name)  
 3320 S.W. 87th AVENUE  
 (Address)  
 MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

300002989853--0  
 -09/17/99--01054--019  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- COUNTY WIDE DISTRIBUTOR, CORP.  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)
- \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 SEP 17 PM 1:58  
 FILED  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

99 SEP 17 AM 11:27  
 RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 550-7

Examiner's Initials

**FILED**

99 SEP 17 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Articles of Incorporation

Of

COUNTYWIDE DISTRIBUTOR, CORP.

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Article I, Name

The name of the corporation shall be: COUNTYWIDE DISTRIBUTOR, CORP.

Article II, Principal Office

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

11120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

Article III, Capital Stock

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

One hundred, (100) shares at \$5.00 par value each, having an aggregate value of \$100.00 (One hundred dollars and 00/100) -----.

Article IV, Initial Registered Agent and Address

The name and address of the initial registered agent is:

ERNESTO ECHAURI  
1120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

Article V, Incorporator

The name and street address of the incorporator to these Articles of Incorporation is:

ERNESTO ECHAURI  
1120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

Article VI, Officers and Directors

The name(s) and street address(es) of the Board of Directors and Officers of this corporation is (are):

ERNESTO ECHAURI  
1120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

PRESIDENT/  
DIRECTOR

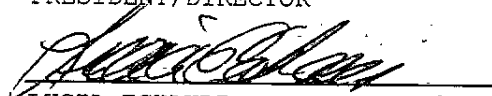
LUCIA ECHAURI  
1120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

SECRETARY/  
TREASURER/  
DIRECTOR

The undersigned has (have) executed these Articles of Incorporation this 2ND  
Day of SEPTEMBER, 1999.



ERNESTO ECHAURI  
PRESIDENT/DIRECTOR



LUCIA ECHAURI  
Secretary/Treasurer/Director

Certificate of Designation  
Registered Agent/Registered Office

Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

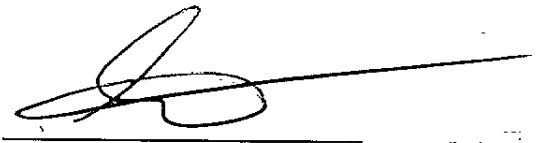
The name of the corporation is: COUNTYWIDE DISTRIBUTOR, CORP.

The name and address of the registered agent and office is:

ERNESTO ECHAURI  
1120 SW 120<sup>TH</sup> STREET  
MIAMI, FL 33176

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
99 SEP 17 PM 1:58  
FILED

Signature



Title

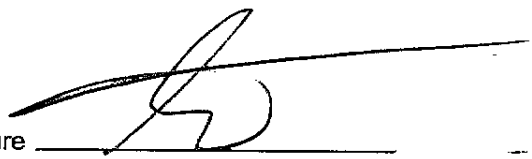
PRESIDENT

Date

SEPT 2, 1999

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

Signature



Date

SEPT 2, 1999