

P160002649853

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000264985 3)))



H160002649853ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REC-1000

16 OCT 25 PM 4:15

**FLORIDA PROFIT/NON PROFIT CORPORATION
MUTUAL DISTRIBUTORS CORP**

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

16 AUG 26 PM 1:53

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

H16000264985

ARTICLE I NAME: The name of the corporation is:Mutual Distributors Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

19431 SW 103 CtCutler Bay, FL 33157**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yamaris R. Valdes Gonzalez

16 AUG 25 PM 1:53

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yamaris R. Valdes Gonzalez19431 SW 103 CTCUTLER BAY, FL 33157**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yamaris R. Valdes Gonzalez19431 SW 103 CtCUTLER BAY, FL 33157

H16000264985

10/26/2016 15:14

3052201440

LAZARUS

PAGE 03/03

H16000264985

Required Signatures:

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

10/26/16
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.

[Signature]
Incorporator

10/26/16
Date

H16000264985