POCA 28558

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

SUBJECT:	COYOTE DISTR	RIBUTING, e name - must include	Suffix)					
Enclosed is 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	□\$78.75 Filing Fee & Certified Copy ADDITIONAL C	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status					
FROM: WILLIAM E. STAUBS Name (Printed or typed)								
1816 N. DIXIE HIGHWAY Address								
TT: LAUDERDALE, FLORIDA 3335 00 City, State & Zip								
Daytime Telephone number Daytime Telephone number SECH SIAT STATE STAT								
NOTE: Please provide the original and one copy of the articles.								

T BROWN "AP 2-2 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, here	by adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation sha	all be:
COYOTE ?	DISTRIBUTING, /NC.
ARTICLE II PRINCIPA The principal place of business at 1816 N.	LOFFICE and mailing address of this corporation shall be:

FT. LAUDERDALE, FLORIDA

ARTICLE III SHARES

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

), *©©©*

ARTICLE I	<u>V</u>	INITIAL REGISTEREI	AGENT AND	STREET	ADDDESS

The name and Florida street address of the initial registered agent are:

1816 N. DIXIE HIGHWAY

PT. LAUDERDALE, FLORIDA

ARTICLE V INCORPORATOR

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

WILLIAM E. STAUBS 1816 N. DIXIE HIGHWAY

FT. LAYPERDALE, FLORIDA

Signature/Incorporator

ON THE SHAPE OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I ash familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date