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

SUBJECT:	1 R 1 - COOM	119 4151	7715 010E	_///
f)	(Proposed corpor	ate name - must include suf	-03/24/00010	65= 7701 *****71
Enclosed is an origin	al and one(1) copy of the articles	s of incorporation and a c	check for:	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	*
FROM:	Name (Pr	BRANDY inted or typed)	1	
	229 605	PRADOS	S DRIVE	
	SAFETY	ddress HARBUT,	7.3469	15
	727-	724-82	252 3	
	Daytime Te	elephone number	00 MAR 24 PH	
7	NOTE: Please provide the or	icinal and ana conv of	3: 54 STATE LORIDA	
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ARTICLES OF INCORPORATION
ARTICLES OF INCORPORATION 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 pame of the corporation shall be:
TRI-COUNTY DISTRIBUTORS, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
229 LOS PRADOS DRIVE SAFRIY HARBOR, FLORIDA, 3469.
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
AMM BRANDA 229 LOS PRADOS DAIVE 229 LOS PRADOS DAIVE
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
ANN BRANGA-229 LOS PRADOS DRIOG SAFRING HARBOR, FL. 3469
Ou France 3- 20-00

(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 am familiar with and accept the obligations of my position as registered agent 3-2-0U Date

Signature/Registered Agent

Signature/Incorporator

Date