Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

L & M DISTRIBUTORS, INC.

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Certificate of Status	0
Certified Copy	1
Page Count	N2
Estimated Charge	
	\$78.75

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# ARTICLES OF INCORPORATION OF

L & M DISTRIBUTORS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

**ARTICLE I NAME** 

The name of the corporation shall be:

L & M DISTRIBUTORS, INC.

The principal place of business of this corporation shall be: 9833 WESTVIEW DR. #818 CORAL SPRINGS FLORIDA 33076

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1900:SHARES \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MARIO VARGAS 9833 WESTVIEW DR. #818 CORAL SPRINGS FLORIDA 33076

LUZ M. VARGAS 9833 WESTVIEW DR. #818 CORAL SPRINGS FLORIDA 33076 SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY -5 AM In: 02

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

MARIO VARGAS 9833 WESTVIEW DR. #818 CORAL SPRINGS FLORIDA 33076

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 4TH day of MAY 2000

Signature(s) of Incorporator(s)

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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 office/registered agent, in the State of Florida.

1. The name of the corporation:
L & M DISTRIBUTORS, INC.
2. The name and address of the registered agent and office is:
MARIO VARGAS 9833 WESTVIEW DR. #818
(P.O. BOX NOT ACCEPTABLE)
(CITY/STATE/ZIP)
TITLE
DATE
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 I 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 MULLS Valo 5 -
DATE