LAZARUS CORPORATE FILING SERVICE (Requestor's Name)	
3320 S.W. 87 AVENUE	2000033389022 -07/28/0001022016 *****78.75 ******78.75
(Address) MIAMI, FLORIDA (305)552-5973	******(8.(5 ******(8.(5
(City, State, Zip) (Phone #}	·
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	OFFICE USE ONLY
1. THE BEST PRICE OF FL.	(S) (if known):  ORIDA, INC.  (Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document#) = 8 T
	(Document #)
Walk in Pick up time 2.00  Mail out Will wait Photocopy	(Document 1)  ALS JUL 28  Certified Copy  Certificate of Status  Certificate of Status
Profit  NonProfit  Limited Liability  Domestication  Other  AMENDMENT  Amendment  Resignation of R.A.,  Change of Registered  Dissolution/Withdraw	Officer/Director d Agent val
OTHER FILINGS Annual Report Fictitiers Name Warne Reservation Reinstatement Trademark Other  CR2E031(9/92)	The Mark



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 2000

**LAZARUS** 

MIAMI, FL

SUBJECT: THE BEST PRICE OF FLORIDA, INC.

Ref. Number: W00000018864

We have received your document for THE BEST PRICE OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 100A00041262

DIVISION OF CORPORATION

All Broken House

### ARTICLES OF INCORPORATION

OF

THE BEST PRICE DISTRIBUTORS, INC



The undersigned Incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be:

THE BEST PRICE DISTRIBUTORS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

ARBOL LAKE

9375 FONTAINEBLUEA APT L-435 MIAMI, FLORIDA. 33172

### ARTICLE III CAPITAL STOCK

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

500 - \$ 1.00

ARTICLE IV-INITIAL REGISTERED AGENT AND

ADDRESS:

The name and address of the initial registered Agent is:

BRUNO ELIAS RAMOS ARBOL LAKE 9375 FONTATNEBLUEA APT L-435 MIAMI, FLORIDA 33172.

## ARTICLE V-INCORPORATOR(S)

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

BRUNO ELIAS RAMOS.-DTOR-P/S.-ARBOL LAKE
9375 FONTATNEBLUEA APT L-435
MIAMI,FLORIDA 33172

The undersigned has (have) executed these Articles of Incorporation this:

day of

JULY

27

B. Crear Racing

Signature/Title

PRESIDENT

Signature/Title

Signature/Title

**, ≰⊈** 2000.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1The name of the corporation is: THE BEST PRICE DISTRIBUTORS, INC
2The name and address of the registered agent and office is:
BRUNO ELTAS RAMOS (NAME)
ARBOL LAKE-9375 FONTAINEBLUEA APT L-435
P.O. Box not acceptable
MIAMI, FLORIDA 33172
(CITY/STATE/ZIP
SIGNATURE B. Cica Paccay (Corporate Officer)
TITLE PRESIDENT
DATE JULY 27/00
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.
SIGNATURE 19. Clicar Kalling &
DATE JULY 27/00
FOFSTATION OF STATION