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EXPRESS CORPORATE FILING SERVICE, INC.

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-08/30/00--01018--007
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Tropical South Distributors, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
 00 AUG 30 AM 10:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED
 00 AUG 30 AM 9:19
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

[Handwritten signature]

Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this corporation is **Tropical South Distributors, Inc.**

ARTICLE II, NATURE OF BUSINESS

Tropical South Distributors, Inc. is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of **Tropical South Distributors, Inc.** is perpetual.

ARTICLE IV, CAPITAL STOCK

Tropical South Distributors, Inc. is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The principle address of **Tropical South Distributors, Inc.** is:

3739 NW 53rd St.
Miami, Florida 33142

and the name of the initial registered agent of this corporation at this address is

Peter Enriquez
3739 NW 53rd St.
Miami, Florida 33142

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TALLAHASSEE, FLORIDA

ARTICLE VI, INITIAL DIRECTORS

Tropical South Distributors, Inc.. shall have one (1) directors, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial director is:

Peter Enriquez
3739 NW 53rd St
Miami, Fl 33142

President/Director

ARTICLE VII, INCORPORATOR

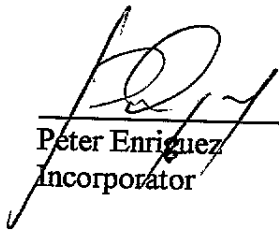
The name and address of the incorporator of this corporation is:

Peter Enriquez
3739 NW 53rd St
Miami, Fl 33142

President/Director

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this 28th day of August, 2000.

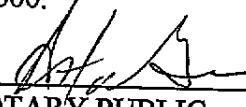
STATE OF FLORIDA)
)
COUNTY OF DADE)



Peter Enriguez
Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared Peter Enriguez, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 28th day of August of 2000.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:

NOTARY PUBLIC - STATE OF FLORIDA
ANTONIO GARCIA
COMMISSION # CC786205
EXPIRES 1/9/2003
BONDED THRU ASA 1-888-NOTARY1

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

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.

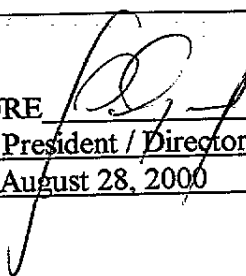
1. The name of the corporation is: Tropical South Distributors, Inc..

2. The name and address of the registered agent and office is:

Peter Enriquez

3739 NW 53rd St

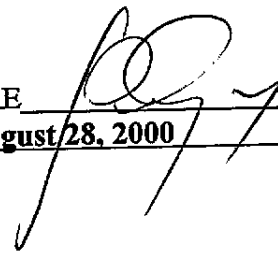
Miami, Fl 33142

SIGNATURE 

TITLE President / Director

DATE August 28, 2000

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 

DATE August 28, 2000

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00 AUG 30 AM 10:26
TALLAHASSEE FLORIDA
SECRETARY OF STATE