### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 222-9670 • 1-800-342-8062 • Fax (850) 222-1222

New Life Distribution, Inc.

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_	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Photo Copy
	Certificate of Good Standing
	Certificate of Status
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# ARTICLES OF INCORPORATION

#### OF

# NEW LIFE DISTRIBUTION, INC.

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 name of the corporation is NEW LIFE DISTRIBUTION, INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is P.O. BOX 403014, MIAMI BEACH, FL 33140.

## ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Jay E. Schechter, 800 Douglas Road, Suite 148, Coral Gables, FL 33134.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President, Vice-President, Treasurer: Eliyahu Fuller, P.O. Box 403014, Miami Beach, FL 33140. Eliyahu Fuller: 100% Shareholder.

The undersigned has executed these Articles of Incorporation this 11th day of September 2000.

"Capital Connection, Inc. by Stacey Leggett, Client Representative"



Received: 9/ 6/00 11:00AM;
CAPITAL CONNECTION

850 222 1222

09/06 '00 10:50 NO.982 02/02

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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 n	ame of	the cor	poration	is:	NEW	LIFE	DIST	RIBUTIE
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2. ie:	The n	ame and	d street	t address <u>Sch<i>ech</i>:</u>	of ti	ne regi	stered a	igent an	d office
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HAVE 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.

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