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00 DEC 11 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

800003495779--6  
-12/11/00--01141--001  
\*\*\*122.50 \*\*\*\*\*78.75

SUBJECT: N.N.C. DISTRIBUTOR CORPORATION

EFFECTIVE DATE

12-06-00

ENCLOSED IS AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES OF INCORPORATION AND  
OUR CHECK FOR \$122.50.

FROM: PABLO J. SANTOS  
3501 W. VINE STREET; STE. 281  
KISSIMMEE, FL 34741

12-14

ARTICLES OF INCORPORATION  
OF  
N.N.C. DISTRIBUTORS CORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS, THE FOLLOWING  
ARTICLES OF INCORPORATION.

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ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

N.N.C. DISTRIBUTORS CORPORATION

ARTICLE II PRINCIPAL OFFICE

EFFECTIVE DATE  
12-06-00

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION  
SHALL BE:

PLACE OF BUSINESS:

MAILING ADDRESS:

1205 W. CENTRAL BLVD.  
ORLANDO, FL. 32805

484 GOLENMOSS LOOP  
OCOE, FL 34761

ARTICLE III CAPITAL STOCKS

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE  
OUTSTANDING AT ANY ONE TIME IS:  
10000 SHARES OF ONE (\$1.00) DOLLAR PAR VALUE COMMON STOCKS, WHICH SHALL BE  
DESIGNED "COMMON SHARES."

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

PABLO J. SANTOS  
3501 W. VINE STREET, SUITE 281  
KISSIMMEE, FL 34741

ARTICLE V PAYMENT OF STOCKS

THE WHOLE OR ANY PART OF THE COMMON STOCK SHALL BE PAYABLE EITHER IN  
LAWFUL MONEY OF THE UNITED STATE OR IN PROPERTY LABOR OR SERVICES INSOFAR  
AS PERMITTED FROM TIME TO TIME BY THE LAWS OF THE STATE OF FLORIDA, THE  
VALUE OF SUCH PROPERTY, LABOR OR SERVICES TO BE DETERMINED BY THE BOARD OF  
DIRECTORS.

#### ARTICLE VI INITIAL BOARD OF DIRECTORS

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION ARE TWO (2). THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME IN THE MANNER PROVIDED IN THE BYLAWS. THE NAMES AND ADDRESSES OF THE PERSONS TO SERVE AS MEMBERS OF THE INITIAL BOARD OF DIRECTOR ARE:

ALDO R. GARCIA, DIRECTOR  
PRESIDENT, SECRETARY & TREASURER  
484 GOLENMOSS LOOP  
OCOE, FLORIDA 34761

CARLOS A. BECERRA, DIRECTOR  
VICE-PRESIDENT  
484 GOLENMOSS LOOP  
OCOE, FLORIDA 34761

#### ARTICLE VII INCORPORATORS

THE NAMES AND STREETS ADDRESSES OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION ARE:

ALDO R. GARCIA  
484 GOLENMOSS LOOP  
OCOE, FLORIDA 34761

CARLOS A. BECERRA  
484 GOLENMOSS LOOP  
OCOE, FLORIDA 34761

#### ARTICLE VIII EFFECTIVE DATE AND DURATION

THE EFFECTIVE DATE ON WHICH THE CORPORATION EXISTENCE SHALL BEGIN IS DECEMBER 06, 2000. THE DURATION OF THE CORPORATION IS PERPETUAL.

#### ARTICLE IX PURPOSE

THIS CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAW S OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLE OF INCORPORATION THIS 01 DAY OF DECEMBER OF 2000.



The image shows two handwritten signatures. The first signature, 'Aldo R. Garcia', is written in a cursive script above a horizontal line. Below it, the second signature, 'Carlos A. Becerra', is also in cursive and is enclosed within a large, circular, scribbled-in mark.

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: N.N.C. DISTRIBUTORS CORPORATION.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT OFFICE IS:

PABLO J. SANTOS  
3501 W. VINE STREET, SUITE 281  
KISSIMMEE, FL 34741

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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Pablo J. Santos*

*12/11/2000*

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