

P01000016515

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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*****78.75 *****78.75

OFFICE USE ONLY

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

1. VALLE'S CORPORATION

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION

01 FEB 12 AM 10:55

RECEIVED

01 FEB 13 PM 4:15

FILED

Examiner's Initials

24 2/2/07



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 2001

LAZARUS

SUBJECT: VALLE'S CORPORATION
Ref. Number: W01000003335

We have received your document for VALLE'S CORPORATION and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 101A00008731

STATE
DIVISION OF
CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 13 PM 3:47

RECEIVED

ARTICLES OF INCORPORATION

O

VALLE'S DISTRIBUTOR INC.

The Undersigned, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights, duties and obligations of the undersigned as incorporator and those of the corporation, are to be determined in accordance with the laws of State of Florida.

FILED
01 FEB 13 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

The named of this corporation shall be:

VALLE'S DISTRIBUTOR INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of incorporation by the Department of State, State of Florida and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall futher have power:
To have perpetual succession by its corporate name:

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1500 shares, having an individual per value of \$ 1 (One Dollar).

Unless otherwise stateed in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of thes corporation.

ARTICLE V

The street address of the initial principal office and the name of the Initial Resident Agent of this corporation shall be:

The street address of the initial principal office shall be:

2143 NW 18TH STREET
MIAMI, FL. 33125.

The name and street address of the initial Resident Agent of this corporation shall be:

JOSE VALLE
2143 NW 18TH STREET
MIAMI, FL. 33125.

ARTICLE VI

The initial board of Directors shall consist of a total of (THREE) 3 person and the name and address of the persons who is to serve as an initial director is:

ENRIQUE O. VALLE-PRESIDENTE DIRECTOR
2143 NW 18TH STREET
MIAMI, FL. 33125.

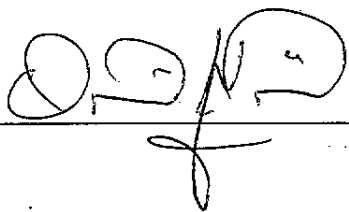
JOSE VALLE-SECRETARY DIRECTOR
2143 NW 18TH STREET
MIAMI, FL. 33125.

SERGIO VALLE -TREASURE DIRECTOR
2143 NW 18TH STREET
MIAMI, FL. 33125.

The name and address of the incorporator executing these Articles of Incorporation is:

ENRIQUE O. VALLE
2143 NW 18TH STREET
MIAMI, FL. 33125.

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 9 February of 2001.

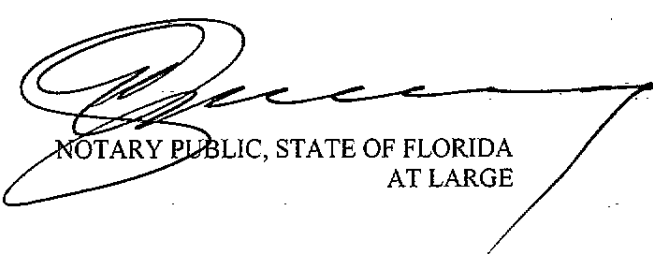


STATE OF FLORIDA)

COUNTY OF DADE) SS.

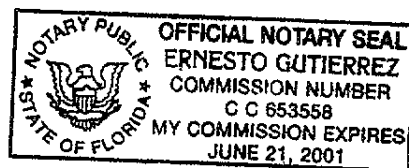
BEFORE ME, a notary public authorized to take acknowledgements in the State and County set forth above, personally appeared Enrique O. Valle know to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he(they) acknowledge before me that he (they) executed 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 9 day of February of year 2001.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 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:

VALLE'S DISTRIBUTOR INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

JOSE VALLE

NAME

2143 NW 18TH STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33125.

(CITY/STATE/ZIP)

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: *Jose Valle*

DATE: 2-9-1

FILED
01 FEB 13 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA