

TRANSMITTAL LETTER  
**P01000055573**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800004326438-3  
-05/29/01-01152-013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INSTITUTIONAL DISTRIBUTION SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

PAUL PRITCHARD

Name (Printed or typed)

606 SURREY LANE

Address

LUTZ, FL 33549

City, State & Zip

813-948-2340

Daytime Telephone number

FILED  
01 MAY 29 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

J. BRYAN JUN - 6 2001

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

*INSTITUTIONAL DISTRIBUTION SERVICES, INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*6089 JOHNS ROAD SUITE 5  
TAMPA, FL 33634*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To conduct business as a wholesale distributor.*

### ARTICLE IV SHARES

The number of shares of stock is: *10,000*

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*JACK PICKENS, PRESIDENT  
6089 JOHNS RD STE 5  
TAMPA, FL 33634*

*PAUL PRITCHARD, VICE PRESIDENT  
6089 JOHNS RD SUITE 5  
TAMPA, FL 33634*

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*PAUL PRITCHARD  
606 SURREY LANE  
LUTZ, FL 33549*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*PAUL PRITCHARD  
606 SURREY LANE  
LUTZ, FL 33549*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*[Signature]*  
Signature/Registered Agent

*5-24-01*  
Date

*[Signature]*  
Signature/Incorporator

*5-24-01*  
Date

FILED  
01 MAY 29 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA