

TRANSMITTAL LETTER
P01000059561

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

SUBJECT: BraMel Distribution Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004419063--2
-05/14/01--01014--005
*****78.75 *****78.75

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: M. Leppin
Name (Printed or typed)

PO BOX 491596
Address

LEESBURG, FL 34748
City, State & Zip

(352) 267-4688
Daytime Telephone number

FILED
2001 JUN 13 PM 5:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

15
6/14/01

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: BraMel Distribution Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: P.O BOX 491596
LEESBURG, FL 34748

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

FILED
2001 JUN 13 PM 5:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: M. LEPPIN
2935 TANGERINE COURT
LEESBURG, FL 34748

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Melissa Leppin
PO BOX 491596
LEESBURG, FL 34748

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/Registered Agent

Date

5/30/01

Signature/Incorporator

Date

5/30/01

Melissa Leppin