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Florida Department of State
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Division of Corporations
Fax Number : (850) 205-0381

Account Name : FAS T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

N & O DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight AUG 10 2001

ARTICLES OF INCORPORATION

OE

N & O DISTRIBUTORS, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be: **N & O DISTRIBUTORS, INC**

The principal place of business of this corporation shall be: 6151 Miramar Parkway
Suite 306, Miramar, Fl. 33023

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 Shares at \$ 1.00 par value

ARTICLE IV. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Zuleima N. de Goncalves, P,VP,S,T.
14330 SW 33 Ct
Miramar, Fl. 33027

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TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Zuleima N. de Goncalves
14330 SW 33 Ct
Miramar, Fl. 33027

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10th day of August, 18 2001

Signature(s) of Incorporator(s)

+ *Zuleima N. de Goncalves* Pres.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: N & O Distributors, Inc

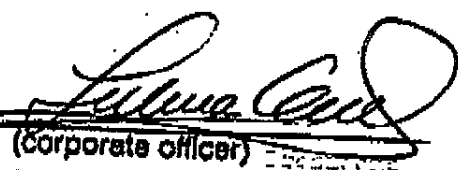
2. The name and address of the registered agent and office is:

Zuleima N. de Goncalves

(P.O. BOX NOT ACCEPTABLE)

14330 SW 33 Ct. Miramar, FL 33027

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate officer)

TITLE President

DATE 08-10-2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 08-10-2001

REGISTERED AGENT FILING FEE:

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