P0/0000 82032 TRANSMITTAL LETTER

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

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SUBJECT: ALI	STATE DISTRIBUTORS,	INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_		
	v.				••	
	•					
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	1 a check for:			
			<u> </u>			
□ \$70.00	XX \$78.75	□ \$78.75	□ \$87.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy			
			& Certificate of			
			Status			
		ADDITIONAL CO	PY REQUIRED			
FROM: A	LLSTATE DISTRIBUTOR	S, INC.				
	Name (Printed or typed)			-	2.5
	2500 EAST HALLANDAI	LE BEACH BOULEV	ARD - STE 7075	<u>s</u>	-	
Address				AUG 16		
			HA.	त्रं 🖺		
HALLANDALE, FLORIDA 33009				₹ 6	1	
City, State & Zip				_		
			77		ب	
Daytime Telephone number				7:37		
				37		

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

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:

ALLSTATE DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2500 EAST HALLANDALE BEACH BOULEVARD

SUITE 707

HALLANDALE, FLORIDA 33009

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

SALES, IMPORTING AND EXPORTING OF VARIOUS PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

REGISTERED AGENT

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

SANDY SEGALL

2500 E. HALLANDALE BEACH BOULEVARD SUITE 7.07

HALLANDALE, FLORIDA 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

E. M. SEGALL

2500 EAST HALLANDALE BEACH BOULEVARD SUITE 707

HALLANDALE, FLORIDA 33009

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

4/o I

Date

Signature/Indorporate