TRANSMITTAL LETTER

01000103170

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

800004639668—-7 -10/17/01--01059--003 *****87.50 *****87.50

SUBJECT: A CE E DISTRIBUTORS CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: EOGAR LOPEZ Name (Printed or typed) 600 ELLS WONTH Sf. Address				
-	ALTAMONTE City,	SPNINGS FZ. State & Zip	3270/	STATE LORIDA
	407-767 Daytime Te	- 8756 elephone number		

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

12 THEY

5 443 12 - OUT 1 8 2001

Kir Treat



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 18, 2001

EDGAR LOPEZ 600 ELLSWORTH ST ALTAMONTE, FL 32701

We have received your document for E & C DISTRIBUTORS CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser Corporate Specialist New Filings Section

Letter Number: 401A00057615

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:					
ACTE DISTRIBUTORS CORPORATIO	on				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 600 ELLS WORTH St. ALTAMONTE SPRINGS, FL. 3270/					
ARTICLE III PURPOSE The purpose for which the corporation is organized is:					
DISTRIBUTION OF MISCELLANEOUS PRO	DUETS				
ARTICLE IV SHARES The number of shares of stock is: ONE HUNDRED (IDD)					
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	· · · =				
EDEAR LOPEZ 600 EUSWONTH St. ALTAMONTE SPRINGS, FL. 32701	SECRETARY TALLAHASSE 01 OCT 23				
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	AH 7:				
EDGER 10/022 600 EllSWORTH St. ALTAMONIE SPANGS, FL. 32701	TATE ORIDA				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:					
EDGLE LOPEZ 600 EllSWONTH 3t. ALTAMONIE SONNGS, FZ. 3270/ ************************************					
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to the company of the	rporation at the place designated in this act in this capacity				
Joseph 1	10/09/01				
Signature/Registered Agent	Date '				

Signature/Incorporator