POZOZODO JAGO

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

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SUBJECT:	PORTLAND DIS	TRIBUTORS	TNC. DDE SUFFIX)	_
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Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 PPY REQUIRED	
FROM:	DAUID A. KLU	NER_ Printed or typed)		
	P.O. BOX 24894  Address			
FT. LAUD, FL 33307 City, State & Zip				
	954-564-9223			
Daytime Telephone number				

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: PORTLAND DISTRIBUTORS, INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 4314 N. DIXIÉ HWY. ORMAND PARK, FL ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: TRANSACTING ANY OF ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: \$1.00 PAR UPLUE 1 300 6 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): DAVID A. KLUVER (DIRECTOR 4314 N. DIXIE HWY. ORKIAUDPARK, FL 3 3334 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: DAVID A. KLUVER 4314 N. DIXIE HWY. DAKLAND PARK, FL 33384 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DAVID A. KLUVER 4314 N. DIXIE HWY. OAKLAND PARK IFL 33634 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/Incorporator