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To: Division of Corporations
Fax Number : (850)205-0381

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

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2002 MAY 30 AM 7:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
AMBRIZ DISTRIBUTING, INC.

Certificate of Status	0
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5/31/02

ARTICLES OF INCORPORATION

OF

AMBRIZ DISTRIBUTING, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME The name of the corporation is, AMBRIZ DISTRIBUTING, INC., located at 8744 S.W. 8th St., Miami, FL 33174.

ARTICLE II. DURATION. The term of existence of the corporation is perpetual.

ARTICLE III. PURPOSE. The corporation may transact any and all lawful business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV. CAPITAL STOCK. The aggregate number of shares which the corporation has authority to issue is 500, all of which shall be common shares of the par value of \$1.00 per share.

ARTICLE V. REGISTERED OFFICE. The street address of the initial registered office of the corporation is 8744 S.W. 8th St. Miami, FL 33174, and the initial registered agent at such address is Elsa Ambriz.

ARTICLE VI. DIRECTOR. The corporation shall have one director initially. The number of directors may be increased from time to time by by-laws adopted by the stockholders, but shall never be less than one.

Prepared by: Sadkowski & Associates
500 N.E. Spanish River Blvd. #28A
Boca Raton, FL 33431
561-368-1773

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ARTICLE VII. INITIAL DIRECTOR. The name and post office address
of the member of the first Board of Director is:

Elsa Ambriz
8744 S.W. 8th St.
Miami, FL 33174

IN WITNESS WHEREOF, I have subscribed my name this 28th
day of MAY, 2002.

Elsa Ambriz
Elsa Ambriz
8744 S.W. 8th St.
Miami, FL 33174

STATE OF FLORIDA
COUNTY OF PALM BEACH

On this 28th day of MAY, 2002,
before me, a Notary Public, duly authorized in the State and County
named above to take acknowledgements, personally appeared Elsa Ambriz,
to me known to be the person whose name is subscribed to the within
instrument, and acknowledged that she executed the same for the purposes
therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Eugene J. Sadkowski
NOTARY PUBLIC, STATE OF FLORIDA



Eugene J. Sadkowski
My Commission DD075000
Expires December 05, 2005

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ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the office stated above, I hereby accept to act in the capacity of Registered Agent and agree to comply with the provisions relative to keeping said office open.


Registered Agent

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TALLAHASSEE FLORIDA