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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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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**  
**ADRIAN DISTRIBUTORS, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

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:  
ADRIAN DISTRIBUTORS, INC.

The principal place of business of this corporation shall be:

16444 SW 294<sup>th</sup> STREET  
HOMESTEAD, FL. 33033

**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 value that this corporation is authorized to have outstanding at any time is: one hundred (100) shares of common stock with par value of One Dollar (\$1.00) per share.

**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):

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	LUIS F. PONCE	16444 SW 294 <sup>TH</sup> STREET HOMESTEAD , FL. 33033


## ARTICLE VI INCORPORATOR(S)

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

<u>Name</u>	<u>Address</u>
LUIS F. PONCE	16444 SW 294 <sup>TH</sup> STREET HOMESTEAD, FL. 33033

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 17<sup>TH</sup> day of July, 2002.

Signature(s) of Incorporator(s)

  
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**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:  
ADRIAN DISTRIBUTORS, INC.
2. The name and address of the registered agent and office is:

LUIS F. PONCE

16444 SW 294<sup>th</sup> STREET  
(P.O. BOX NOT ACCEPTABLE)  
HOMESTEAD, FL. 33033  
(CITY/STATE/ZIP)

SIGNATURE: \_\_\_\_\_

TITLE: President

DATE: July 17, 2002

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: July 17, 2002

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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