Department of State

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

2**00007601482**---6 -09/09/02--01064--024 ****157.50 *****78 75

SUBJECT: BASH DISTRIBUTION INCLUDE SUFERS

Enclosed is an origin	al and one(1) copy of the articl	es 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 Co & Certificate Status	of
FROM:	Joseph R Name (Pri	htted or typed)		ramal Natal
	R+ 19 B=	× 1047	·	
	LAKE City, St	ty FL 3	2028	DISIAID 1338
	386-755-4244 Daytime Telephone number			RETARY OF S
			8: 42	HAIL RATIONS

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMEThe name of the corporation shall be: BASH DISHRIBUTING ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: R+19 Box 104 ARTICLE III PURPOSE The purpose for which the corporation is organized is: WHS SAIRS & DeLiver ARTICLE IV SHARES The number of shares of stock is: 100 5 hares ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) - Pres. & V. Pres The name(s), address(es) and title(s): JOSEPH B. ASH RX 19 BOX 1047 LAKE City F1, 32025 APRIL RI ASH ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Joseph B. Ash R+19 Box 1047 LAKE City FI 32025 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Joseph B, AsH R+ 19 Bx x 104

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

ARTICLES OF INCORPORATION