(O)OOOSATTACTOR 33

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

100007601491--e -03/03/02--01064--024 *****157 50 ******

SUBJECT: W. HSH DISTRIBUTING THE PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an original and one(1) copy of the articles 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:		rinted or typed)	Languagna	
	Rt19 Box	1047	• <u> </u>	تمسعد
	LAKe City	1 Fl 32 State & Zip	OZSEP -9	
	386 755 Daytime Te	5-4244 lephone number	PM 8: 44	

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: istributing ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 19 Box 104 ARTICLE III The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 5 HARES

The name(s), address(es) and title(s):

TAMES W. ASH PRES, V. PRES

RH 19 BOX 1047

LAKE CITY FI. 32025

SCETY -TRES.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

JAMES W ASIL				
RX19 Box 1047				
Lake City FL 32025				
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				

JAMES W PSH Rt 19 BOX 1047 1 ake City FJ 32025

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in thi certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

	9-6-02	
Signature/Registered Agent	Date	
James W. Osh Signature/Incorporator	9-6-02	
Signature/Incorporator	Date	