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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

FLORIDA PROFIT CORPORATION OR P.A.

MAX DISTRIBUTORS, INC.

Certificate of Status		0
Certified Copy	-	1
Page Count		05
Estimated Charge	=	\$78.75

10/08

CERTIFICATE OF INCORPORATION

OF

MAK DISTRIBUTORS, INC.

We undersigned, hereby associated ourselves together for the purpose of becoming a corporation under the laws of the State of Florida by and under the provisions of the statutes of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporation for profit.

ARTICLE I

The name of the corporation shall be: MAX DISTRIBUTORS, INC.

ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and of the United States of America.

ARTICLE III

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 500 shares of common stock, which shares shall be of one dollar each (\$1.00).

All stock is to be issued as fully paid and exempt from assessment.

ARTICLE IV

The pledge, sales, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

ARTICLE V

The amount of capital with which corporation may begin doing business shall be not less than one hundred dollars (\$100.00).

ARTICLE VI

The existence of the corporation is perpetual.

ARTICLE VII

The initial post office address of the principal office of the corporation in the State of Florida is 7950 N.W. 181st., Street Hialeah, FL. 33015.

The Board of Directors may, from time to time, move the principal office to any other address in the State of Florida. The registered address of the corporation is 7950 N.W. 181st., Street Hisleah, FL. 33015.

The registered Agent at the registered address is Vivian Bonet

ARTICLE VIII

The business of the corporation shall be managed by a Board of Directors consisting of not less than one (1) nor more than two (2) directors. A quorum for the holding of meetings of the board of directors and for the transaction of any business which will be properly done by the directors on behalf of the corporation shall consist of a majority of the members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though a formal meeting had been held pursuant to call being duly made and as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an Executive Committee.

ARTICLE IX

The names and post office addresses of the members of the first Board of Directors and the state of Corporate Officers are as follows:

NAME TITLE ADDRESS

Yuri M. Bonet President 7950 N.W. 181st., Street Hialeah, FD. 33015

Vivian Bonet Treasurer/Secretary 7950 N.W. 181st., Street Hialeah, FL. 33015

ARTICLE X

The names and post office addresses of the subscribers of the articles of incorporation and number of shares that they agree to take are:

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NAME ADDRESS

NO. OF SHAPES

Tura M. Bonet

7950 N.W. 191**., Street Sixlosh, FD. 33015 504

Wiwian Boost

7950 N.W. 161° .. Street

504

Mialeah, FL. 33015

ARTICLE XI

The utock of the corporation may be issued pursuant to the provisions of Section 1244 of the Internal Revenue Code, so that the stockholders of the corporation may receive the benefits provided there under.

IN WITNESS WHEREOF, we have hereunto set our hands and seal this 20 day of OCTOPIC_2002___.

Xura M. Bonet

Treasure Secretary

Vivian Bonet

STATE OF FLORIDA)
COUNTY OF DADE)

. I HERERY CERTIFY THAT on this day, personally appeared before me, an officer duly authorized to administer oaths and taken acknowledgments under the laws of the State of Florida,

Vivian Bonet

To me well known to be the persons described in and who executed the foregoing Certificate of Incorporation, and acknowledged before me that they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hanc official seal at City of Miami, State of Florida, this 25 day of OCTOBER 2002



Wotary Willip, State of Florida at Large

My Commission Expires:

"strif" cate designating place of business or domicile for the service of process within Florida, naming Agent upon whom process may be served.

In compliance with Section 48.001, Florida Statutes, the following is submitted:

First, that Max Distributions, INC. (Name of Corporation)

Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of Miami, State of Florida, has named Vivian Bonet.

(Name of Registered Agent)

Located at 7950 N.W. 181 ... Street, Hielesh, FL. 33015. (Street address and number of building)

City of Miami, State of Florida, as its Agent to accept service of process within Florida.

SIGNATURE

Tavi M. Bonet

FITLE

Prisident

OATE

Vivian Bonet

TITLE

Treasurer / Secretary

OATE

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Having been hamed to accept service of process for the above state 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.

SIGNATURE

Vikin Bonet (Registered Agent)

- 10/VI/OV

DATE