

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 er : (305)716-0346 Phone Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

FLORIDA FLEX INK DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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T. SMITH NOV 1 9 2002

ARTICLES OF INCORPORATION OF

FLORIDA FLEX INK DISTRIBUTORS, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: FLORIDA FLEX INK DISTRIBUTORS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	MARIO FAJARDO	· · · · · · · · · · · · · · · · · · ·	7
ADDRESS	6832 NW 77 TH COURT		
CITY	MIAMI	STATE FL	ZIP 33166

The principal office, if known or the mailing address of the corporation is:

NAME	MARIO FAJARDO	Andrews Andrew	···
ADDRESS	6832 NW 7714 COURT		
CITY	MIAMI	STATE FL	ZIP 33166

ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>TWO</u> (2 director initially. The number of directors may be either increased or diminished from time to time by laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

SLCRETARY OF SIMILE DIVISION OF CORPORATION

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NAME	MARIO FAJARDO	·		· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
ADDRESS	2017 S OCEAN DR #PH3				
CITY	HALLANDALE	STATE	FLORIDA	ZIP	33009
NAME	DAYLIN FAJARDO				
ADDRESS	2017 S OCEAN DR #PH3				
CITY	HALLANDALE	STATE	FLORIDA	ZLP	33009
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					

ARTICLE VII-INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	MARIO FAJARDO		<u>-</u>		
ADDRESS	2017 S OCEAN DR #PH3	· , · , · · · · · · · · · · · · · · · ·			
CITY	HALLANDALE	STATE	FLORIDA	ZIP	33009
NAME	DAYLIN FAJARDO			·	
ADDRESS	2017 S OCEAN DR #PH3			<u> </u>	
CITY	HALLANDALE	STATE	FLORIDA	ZIP	33009
NAME		-			
ADDRESS					
CITY					
NAME			·····		
ADDRESS					· · · · · · · · · · · · · · · · · · ·
CITY					

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 4TH day of November, 2002.

PREPARED: SOSA ACCOUNTING TAX SERVICE

570 EAST 49 STREET

40. B

HIALEAH, FL 33013

"(Seat)

(305)688-1716

(Seal)

(305)688 - 1714

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

FLORIDA FLEX INK DISTRIBUTORS, INC.

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:

6832 NW 77TH COURT

MIAMI, FL 33166

Has named MARIO FAJARDO

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Fiorida Lawn in Keeping open said office.

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SECHE LARY OF STATE