P03000045869

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	1
	Office Use Only
7 F. 0	HEADER APR & 4



04/22/03--01030--006 **70.00

RECEIVED 03 APR 22 MID: 21 EIVISION OF CONFERATION

> SECRETARY OF STATE TALL/WYSEE, FLORIDA

> > Kpr N

Ę



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION LE CULTURATION

April 22, 2003

CORPORATE ACCESS INC

SUBJECT: TITAN RESOURCES, INC. Ref. Number: W03000011459

We have received your document for TITAN RESOURCES, INC. and your check(s) totaling \$70,00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any guestions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser Corporate Specialist Letter Number: 803A00024254 New Filings Section be tiled. Inen ear frends leane

CORPORATE ACCESS, INC. P.O. Bux	236 East 6th Avenue . Tallahassee, Florida 32303 x 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666	
	WALK IN PICK UP H. 2H. 03 Kelly	
CERTIFIED COPY	CUS	 * .
<u>^</u>	KFILING Arts	
(CORPORATE NAME & DOCUMENT #)	e Distribution, Inc.	
CORPORATE NAME & DOCUMENT #)		<u></u>
(CORPORATE NAME & DOCUMENT #)		
 (CORPORATE NAME & DOCUMENT #) 4.) (CORPORATE NAME & DOCUMENT #) 		
(CORPORATE NAME & DOCUMENT#)		
4.)		

"When you need ACCESS to the world" CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!



ARTICLES OF INCORPORATION

OF

ALLIANCE WHOLESALE DISTRIBUTION, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

CORPORATE NAME

The name of the corporation shall be: ALLIANCE WHOLESALE DISTRIBUTION, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 20312 N.E. 16th

Place, N. Miami Beach, Florida 33160.

1

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have, outstanding at any one time are: 1000 shares with no par value.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Joe Shulman, and the mailing address of

its initial agent is: 20312 N.E. 16th Place, N. Miami Beach, Florida 33160.

ARTICLE V

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation

is (are): Barbara Pizzo, 701 Renner Road, Wilmington, Delaware 19810.

ARTICLE VI

DURATION

The duration of the corporation shall be perpetual.

....

.._

.

1

ъ с

ARTICLE VII

BOARD OF DIRECTORS

The number of directors constituting the initial board of directors of the corporation is one (1). The name and address of the person who is to serve as member of the initial board of directors the corporation is of as follows: Joe Shulman, 20312 N.E. 16th Place, N. Miami Beach, Florida 33160.

The undersigned incorporator has executed these Articles of Incorporation this twenty-third day of April 2003.

Barbara Pizzo, Incorporator

Corporate Consulting Ltd.

04/21/03 MON 12:38 FAX 302 328 7335

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 is: ALLIANCE WHOLESALE DISTRIBUTION, INC.

2. The name and address of the registered agent and office is:

JOE SHULMAN (Name)

20312 N.E. 16TH PLACE (P.O. Box or Mail Drop Box NOT ACCEPTABLE)

> N. MIAMI BEACH. FLORIDA 33160 (City/State/Zip)

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Print name)

Joseph Hulen (Signature)

Date



DIVISION OF CORPORATION, P.O. BOX 6327, TALLAHASSEE, FL 32314

200