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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)265-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

IMPERIAL DISTRIBUTION, INC.

Certificate of Status	0
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Page Count	02
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6/17/03

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ARTICLES OF INCORPORATION  
OF  
IMPERIAL DISTRIBUTION, INC.

ARTICLE I. NAME

The name of the corporation shall be IMPERIAL DISTRIBUTION,

ARTICLE II. PRINCIPAL OFFICE

The initial principal place of business & mailing address is:  
18500 N.W. 22ND COURT, PEMBROKE PINES, FLORIDA 33029.

ARTICLE III. PURPOSE OF BUSINESS

This corporation may engage in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV. SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V. OFFICERS/DIRECTORS

This corporation shall have its officers act as Directors. The name and street address of the President is: ALAIN LOUISDHON, 18500 N.W. 22ND COURT, PEMBROKE PINES, FLORIDA 33029.

ARTICLE VI. REGISTERED AGENT

The name & Florida street address of the registered agent is: Daniel G. Gass, 10001 NW 50th Street, Suite 204, Sunrise, FL 33351.

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is: Daniel G. Gass, 10001 NW 50th Street, Suite 204, Sunrise, FL 33351.

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

X [Signature] 6/17/03  
Daniel G. Gass, Registered Agent Date

I hereby accept the duties and responsibilities as incorporator of said corporation.

X [Signature] 6/17/03  
Daniel G. Gass, Incorporator Date

Prepared by: Daniel G. Gass, Esquire  
10001 NW 50th Street, #204, Sunrise, FL 33351  
FL Bar No. 19869 (954) 741-8228 Fax Audit: \_\_\_\_\_  
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