

Division of Corporations Public Access System

# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000238564 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 \_

Phone

: (305)634-3694

Fax Number : (305)633-9696

# FLORIDA PROFIT CORPORATION OR P.A.

T M WHOLESALES, INC.

	Certificate of Status	от в при под дости и под
	Certified Copy	1
	Page Count	05
	Estimated Charge	\$78.75

7/77/03 5-00 PM 10F-SS-S002 14:11



# 03000238584 ARTICLES OF INCORPORATION OF

T M WHOLESALES, INC.

a Florida Corporation

ARTICLE I: NAME

The name of this corporation is:

T M WHOLESALES, INC.

ARTICLE II: DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

#### ARTICLE III: PURPOSE

The corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE IV: CAPITAL STOCK

This corporation is authorized to issue sixty (60) shares of NO PAR VALUE common stock, which shall be designated "Common Stock".

# <u>ARTICLE V: PREEMPTIVE RIGHT\$</u>

Every shareholders, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly

03000238564

SECRETATE OF STATE TALLARY STATE OF THE STAT

as may be done without issuance of fractional shares) at the price at which it is offered to others.

# ARTICLE VI: INTIAL REGISTERED OFFICE AND AGENT

The street address of the principal office of this corporation is:

6400 N.W. 2<sup>ND</sup> AVENUE MIAMI, FLORIDA 33127

The name of the initial registered agent of this corporation is:

#### TOMAS MARTINEZ

### ARTICLE VII: INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s), initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation is (are):

Tomas Martinez:

349 De Leon Drive Miami Springs, FL 33166

#### ARTICLE VIII: INDEMNIFICATION

The corporation shall indemnify any officer or director, or any formal officer or director, to the full extent permitted by law.

# ARTICLE IX: INCORPORATORS

The name and address of the person(s) signing these articles of incorporation are:

**Tomas Martinez:** 

349 De Leon Drive

Miami Springs, FL 33166

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have)

executed these Articles of Incorporation this,

**2** day of July, 2003.

STATE OF FLORIDA COUNTY OF DADE

The foregoing instrument was acknowledged before me on this day of July, 2003 by TOMAS MARTINEZ who is personally known to me or who has produced as identification and

NANCY C, FLETTAS MY COMMISSION & CC 902008 EXPIRES: January 18, 2004 Bonded That Notery Public Underwitten

who did take an oath,

Notary Public, State of Florida

My Commission Expires:

10F-55-5002 17:11

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON WHOM SERVICE OF PROCESS MAY BE EFFECTIVE

IN COMPLIANCE with Section 607.034 of the Florida Statutes, the following is submitted:

#### T M WHOLESALES, INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Miami, County of Miami-Dade, State of Florida, has named:

#### **TOMAS MARTINEZ**

as its agent to accept service of process within the State of Florida, with the registered address as:

349 De Leon Drive Miami Springs, FL 33168

# **ACKNOWLEDGMENTS**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE MENTIONED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATED: THIS 22 DAY OF JULY, 2003.

REGISTERED AGENT

03000238564

10-22-2003 17:11