

PO3000099138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

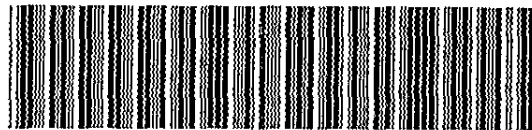
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Certified Copies _____

Certificates of Status _____

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SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Publishers Distribution Network, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Frederick Galison

Name (Printed or typed)

6481 NW 30th Avenue

Address

Boca Raton, FL 33496

City, State & Zip

561-997-7531

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

- The name of the corporation shall be:
- Publishers Distribution Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
6403 West Rogers Circle
Boca Raton, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For profit Publisher distributor.

ARTICLE IV SHARES

The number of shares of stock is:
100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Frederick Galison
6481 NW 30th Avenue
Boca Raton, FL 33496
President, Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Frederick Galison
6481 NW 30th Avenue
Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Frederick Galison
6481 NW 30th Avenue
Boca Raton, FL 33496

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



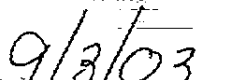
Signature/Registered Agent



Signature/Incorporator



Date



Date

FILED
03 SEP -5 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA