## P03000125260

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	\
certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:
John	Office Use Onl	y Ē
UTHORIZATION	BY PHONE TO	
CORRECT CURT	( DZ	•••
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11-4-03

## TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	JOHN EL	ADDITIONAL CO	PY REQUIRED
	PO Box 2	3473	***
	LAKE City	F/ 3 State & Zip	2056-3413
	85	0 -311-00 elephone number	98

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

ARTICLE I NAME	FILED
The name of the corporation shall be:	03 OCT 29 PM 4: 42
ELLIOH DISTRIBUTING INC	SECKETARY OF STATE TALL AHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  POBOX 3473  LAKE City FL 32056-3473  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  DOOR to DOOR SALES/SNACK CAKE	
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):  JOHN GLY OTT POBOX 3473 LAKE	City F1 32056-3413 V.F See
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  JOHN ELLIOH	-120
PORRY FIND BY INCORPORATOR  The name and address of the Incorporator is:	
	*******
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
3 Ch Shot	10 27-03
Signature/Registered Agent	Date
Signature/Incorporator	Date

· · ARTICLES OF INCORPORATION

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