P040000/432

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(0.0), 0.00.00_(
PICK-UP WAIT MAIL
(Durings Fathy Norma)
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

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

SUBJECT: AVALON DISTRIBUTORS, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les 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	
		ADDITIONAL CO		
FROM: DEAN GONZALE Name (Printed or typed)				
21536 SW 897 PANH Address				
	MIAMI, Fr.	33189 State & Zip		
(786) 293 - 7731 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)	EILED
ARTICLE I NAME		
The name of the corporation shall be:		03 DEC 22 PM 6: 43
AVALON DISTRIBUTORS	s, Inc.	CEUNETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
21530 SW 897 PATH	r	<u>.</u>
MIAMI, FL 33189		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized		Ta
RETAIL STOKE (COMIZ	-Books, Come	etebries, ikhopnic cheos
ARTICLE IV SHARES	*	
The number of shares of stock is:		
100		
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS	, ==
List name(s), address(es) and specific title(s):	SANDRA GON	つめこ
DEAN GONZAUEL 21530 SW 8974 PANH	21530 SW 89	DI POTH
MIAMI R 33189	MEME R	33189
PRESIDENT	VICE PRESERVE	et-
ARTICLE VI REGISTERED AGENT The name and Florida street address of the register	ad agant is:	en e
DEAN CONSTREL	eu agent is.	
21530 SW 8974 PATH		-
MEANE, FL 33/89		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	- • •	-
Dean Consuce		
21530 SW 89 th PATH		
MIAMI FL 33189		

Having been named as registered agent to accept service of pr certificate, I am familiar with and accept the appointment as reg	ocess for the above stated cor gistered agent and agree to ac	poration at the place designated in this in this capacity
0 17		•
Man Loyabi		12/10/03
Signature/Registered Agent		Date
K) no Harris		12/10/03
11/4011 15 17 18 11		1~10/07

Signature/Incorporator

Date