

PO4000050020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

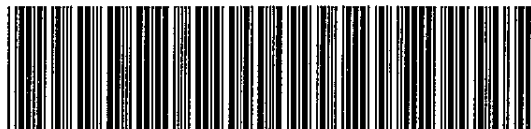
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: AMERICAN EXPRESS DISTRIBUTORS 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ALFREDO CRUZ
Name (Printed or typed)

8357 W FLAGLER ST #135
Address

MIAMI FL 33144
City, State & Zip

(305) 804-0164
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:

AMERICAN EXPRESS DISTRIBUTORS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8357 W FLAGLER ST #135
MIAMI FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PC PARTS WHOLESALE DISTRIBUTORS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALFREDO CRUZ, DIRECTOR
8357 W FLAGLER ST #135
MIAMI FL 33144

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANGEL M PLANAS
247 SW 8TH ST #173
MIAMI FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALFREDO CRUZ BETANCOURT
8357 W FLAGLER ST #135
MIAMI FL 33144

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

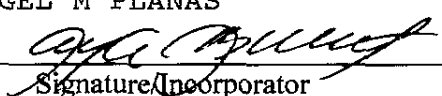


Signature/Registered Agent

ANGEL M PLANAS

03/16/2004

Date



Signature/Incorporator

ALFREDO CRUZ

03/16/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA