P05000105064

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



500057187915

07/14/05--01011--013 **78.75

05 JUL 28 PH 1: 42

1/28/05 WOS-33757

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)		
England are on orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for		
\$70.00 Filing Fee	\$78.75	□ \$78.75	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: A.S. Distributors Name (Printed or typed) 7251 N.W. 12 th 54 Address					
· ·	Miami F. City 305 477 - 99 Daytime	/ 33126 y, State & Zip			

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2005

MUSHTAQ AWAN 7251 NW 12TH STREET MIAMI, FL 33129

SUBJECT: A. S. DISTRIBUTOR Ref. Number: W05000033757

We have received your document for A. S. DISTRIBUTOR and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 805A00046511

05 JUL 28 PM 1: 42

ARTICLES OF INCORPORATION

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

TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

M. A.S. DISTRIBUTOR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7251 N.W 12 St MIAM. FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
WHOLESALE DISTRIBUTE DE CANDY AND GENEVAL MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V	' INITIAL	OFFICERS.	AND/OR	DIRECTORS

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

MUSHTAD AWAN 7251 N.W. 12 ST MILM. FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MUSHTAR AWAN 6802 S. W. 132 AVENUE MIAMI EL 33183

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

7-8-05

Date

7-9-05

Signature/Incorporator

Date