

P05000123831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

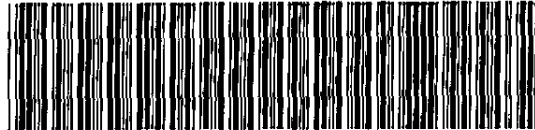
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900058999029

09/08/05--01019--008 \*\*78.75

FILED

05 SEP -8 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 09 2005

05 SEP -8 4:10:38

RECEIVED

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

Charter Number Only

9-6-05

Gil & caceres & assoc.

Requestor's Name

601 Sw 57th Ave. #14

Address

Miami, FL 33144

City

State

ZIP

Phone

(805) 266-4400

CORPORATION(S) NAME

Shalom Distributors, Inc.

VALIDATION ONLY

FILED  
05 SEP - 8 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Profit          | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                  | <input type="checkbox"/> Foreign         | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement              | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy  | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

ama
valiability
ocument
aminer
idater
rifier
nowledgment
P. Verifier

## **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 :

**SHALOM DISTRIBUTOR, INC.**

### **ARTICLE II**

#### **PRINCIPAL OFFICE**

The principal place of business/mailing address of this corporations shall be :

1253 NW 3 STREET  
MIAMI, FL 33125

### **ARTICLE III**

#### **PURPOSE**

The purpose for which the corporation is organized is to conduct business not prohibited by the Laws of the United States and the State of Florida.

### **ARTICLE IV**

#### **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred Shares of One Dollar (\$1.00) per value common stock, which shall be designated **COMMON SHARES**.

**FILED**  
**05 SEP -8 PM 3:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

---

## **ARTICLE V**

### **INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es) of the first Board of Directors and Officers who shall serve until the first annual meeting of shareholders or until her successors are elected and qualified shall be :

<b>NAME</b>	<b>OFFICE</b>
<b>HERNANDO FUENTES MENDEZ</b>	<b>PRESIDENT</b>
<b>RUTH CAROLINA MENESES DE FUENTES</b>	<b>VICE-PRESIDENT/SECRETARY</b>
<b>SARA REBECA FUENTES MENESES</b>	<b>TREASURY</b>

## **ARTICLE VI**

### **REGISTERED AGENT**

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

**GIL & CACERES & ASSOCIATES, INC**

**601 SW 57TH AVENUE SUITE H  
MIAMI, FL 33144**

**ARTICLE VII**

**INCORPORATOR**

The name and address of the Incorporator is :

**GIL & CACERES & ASSOCIATES, INC**

**601 SW 57TH AVENUE SUITE H  
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

09/07/05

Date



Signature/Incorporator

09/07/05

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 SEP - 8 PM 3:43

FILED