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LAZARUS CORPORATE FILING SERV 3320 SW 87 TH AVENUE MIAMI, FL 33165 (305) 552-59		
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
ACE DISTRIBUTI	ON COMPANY	
(Corporation Name)	(Document #)	
2.	·	
(Corporation Name)	(Document #)	
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Profit Not for Profit Limited Liability Domestication Other	 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger 	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	 Foreign Limited Partnership Reinstatement Trademark Other 	

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Examiner's Initials

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ACE DISTRIBUTION COMPAN

16 AM 10:

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

15910 Sul 63 tal Miami, F1 33/85

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10/1

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Samuel Acevedo 15910 Sul 63 ter Mianin, FI, 33185

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Samuel Acevedo 15910 SW 53 terr Miani F1. 33185

The undersigned incorporator has executed these Articles of Incorporation this 15 Edgy of March 2006

ARTICLE VI- DIRECTOR(S)

Signature

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Samuel Acevedo - President

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and \Im complete performance of my/duties, and I am familiar with and accept the obligations of my position as Registered Agent. 16 AM 10: /

Registered Agent Signature