

PD6000051680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

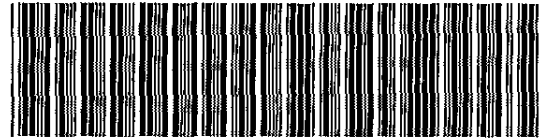
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900069267879

04/10/06--01010--009 **78.75

FILED
06 APR 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 APR 10 AM 10:49
STATE
SECTIONS
TALLAHASSEE, FLORIDA

MRS
4/11

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #

FILED

06 APR 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. M & M Distribution, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED

06 APR 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
M & M DISTRIBUTION, INC.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is M & M DISTRIBUTION, INC.

**ARTICLE II
INITIAL PRINCIPAL OFFICE**

The mailing address of the corporation's initial principal office is:

5880 MATTOX STREET, ORLANDO, FL 32822

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III
SHARES**

The total number of shares which the corporation shall have authority to issue is 500 shares with a par value of \$1.00 per share

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is:

Alberto D. Martinez
5731 NW 114th Path #101
Doral, Fl 33178

Articles of Incorporation

FILED

06 APR 10 PM 1:34

**ARTICLE V
INCORPORATORS**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The names and addresses of the incorporators to these Articles of Incorporation are:

NAME	ADDRESS
Alberto D. Martinez – President	5731 NW 114 th Path, #101, Doral, FL 33178
Pedro D. Morales – Treasurer & Secretary	5880 Mattox St. Orlando, FL 32822


CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

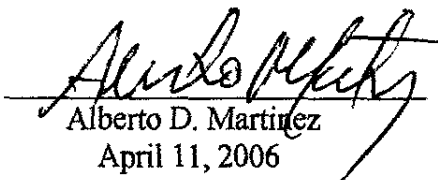
The name of the corporation is: M & M Distribution, Inc.

The name and address of the registered agent and office is:

Alberto D. Martinez
5731 NW 114th Path, #101
Doral, FL 33178


Corp. Officer: Alberto D. Martinez
President
Date: April 11, 2006

Having been named 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Alberto D. Martinez
April 11, 2006

06 APR 10 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgments, personally appeared **Alberto D. Martinez**, to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

Palvada

Notary Public
NOTARY PUBLIC-STATE OF FLORIDA
 **Juan Taboada**
Commission # DD461873
Expires: SEP 29, 2009
Bonded Thru Atlantic Bonding Co., Inc.