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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Cartification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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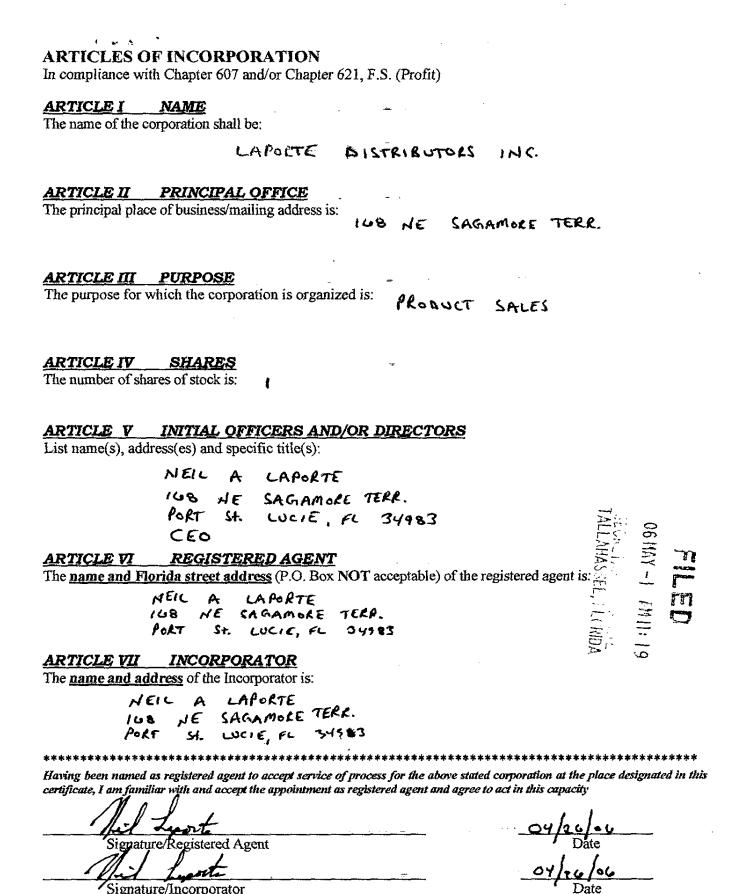
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COVER LETTER

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

SUBJECT:		Distributors		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		I DDITTON I CC	Status	
		ADDITIONAL CO	PY REQUIRED	
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	168 NE	Sagamore Tea	<u>(††)</u>	
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	Port Saint	t Lucie FL State & Zip	34983 -	<u> </u>
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	772	878 - 2028	<u></u>	` _

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:
LAPORTE BISTRIBUTORS INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 108 NE SAGAMORE TERR.
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROBUCT SALES
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
NEIL A LAPORTE 108 HE SAGAMORE TERR. PORT St. LUCIE, FL 34983 CEO ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: NEIL A LAPORTE 108 NE SAGAMORE TERP. fort St. LUCIE, FL 24183
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: HEIL A LAFORTE 148 HE SAGAMORE TERR. PORT SH. WOIE, FL 34583
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent Date

Signature/Incorporator

Date