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CORPORATION NAME(S) & DOCUMENT	`NUMBER(S), (if known):
1. DISTRIBUTORS SUP	PLIES & ASSOCIATE CORP.
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4.	•
(Corporation Name)	(Document #)
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Annual Report	Foreign .
☐ Fictitious Name	Limited Partnership Reinstatement
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U	Other
	Evaminar's Initials

CR2E031(7/97)



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 1 - NAME

The name of the corporation shall be:
Distributors Supplies & Associate Corp.

ARTICLE II - PRINCIPAL OFFICE

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

3755 West 11 BUR HiAleAL Fl. 33012

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miguel Angel Porto 3755 West 11 Are Hipleph Fl. 33012

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of		
Incorporation is:	Miquel Angel Porto	
	3755 West JIAVE	
	HiAlesh Fl. 53012	
The understand	incorporator has avasuad these Artislas of	

The undersigned incorporator has executed these Articles of incorporation this day of 2006.

Signature

ARTICLE VI- DIRECTOR (S)

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

miguel Angel PORTO (President)
3755 west 11 Ave
HiAlech Fl. 33012

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature