

PO6 000127972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

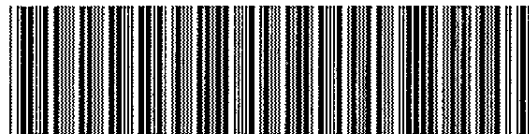
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT -6 PM 1:35
SECURITY
TALLAHASSEE
FLORIDA

J. Shivers OCT 06 2006

COVER LETTER

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

SUBJECT: Client 1 Distributing, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Joseph A. Centrone

Name (Printed or typed)

9672 Magnolia Blossom Dr.

Address

Tampa, FL 33626

City, State & Zip

(813) 787-9766

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Client 1 Distributing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9672 Magnolia Blossom Dr., Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and marketing of vacation packages

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joseph A. Centrone, 9672 Magnolia Blossom Dr., Tampa, FL 33626. President, Director, Treasurer.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph A. Centrone, 9672 Magnolia Blossom Dr., Tampa, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph A. Centrone, 9672 Magnolia Blossom Dr., Tampa, FL 33626

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TALLAHASSEE, FLORIDA

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

Signature/Incorporator

Date

Date