

P07000035005

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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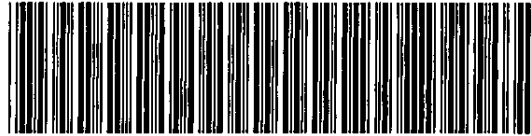
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20

COVER LETTER

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

SUBJECT: _____

Mallen Distribution Service, 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: _____

Robert J. Mallen
Name (Printed or typed)

11441 47th Avenue North
Address

Mading Beach, FL 33706
City, State & Zip

927-666-2865
Daytime Telephone number

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:

Mallen Distribution Service, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11441 47th Avenue North
Maderia Beach, FL 33708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert I Mallen - President
11441 47th Avenue North
Maderia Beach, FL 33708

ARTICLE VI REGISTERED AGENT

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

Robert I Mallen
11441 47th Avenue North
Maderia Beach, FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert I Mallen
11441 47th Avenue North
Maderia Beach, FL 33708

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

Robert I Mallen

Signature/Registered Agent

Robert I Mallen

Signature/Incorporator

3-17-08

Date.

3-17-07

Date.

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA