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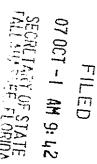
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Dusings Falik, Nama)				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Change Children				

Office Use Only



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COVER LETTER

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

SUBJECT:	WESTERN BEVERAGE DISTRIBUTION, INC.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:		OULDING e (Printed or typed)		
	155 REVERE I	DRIVE, SUITE 10 Address	 .	
	NORTHBROOK, IL 60062			
	847-291-4161 Daytime Telephone number			
A u E e				

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:

WESTERN BEVERAGE DISTRIBUTION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1800 SECOND ST., SUITE 758 SARASOTA, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH
CORPORATIONS MAY BE INCORPORATED IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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



ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: DR. HARVEY ALTHOLTZ 1800 SECOND ST., SUITE 758 SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DR. HARVEY ALTHOLTZ 1800 SECOND ST., SUITE 758 SARASOTA, FL 34236

*************	**************
Having been named as registered agent to accept service of process fo certificate, I am familiar with and accept the appointment as registered	r the above stated corporation at the place designated in this agent and agree to act in this capacity
In Ha wen altholt	9/28/2007
Signature/Registered Agent	Date
Va. Harry allholt	9/28/2007
Signoture/Incorporator	Date

