

Florida Department of State

Division of Corporations **Public Access System**

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FLORIDA PROFIT/NON PROFIT CORPORATION

GULFSTREAM DISTRIBUTORS, INC

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FLORIDA DEPARTMENT OF STATE

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

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 I. NAME

THE NAME OF THE CORPORATION SHALL BE:

GULFSTREAM USA DISTRIBUTORS,INC

ARTICLE & - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

4000 PONCE DE LEON SUITE 470 CORAL GABLES, FL 33146

ARTICLE IIL - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

ALEXANDRA DEL REY
4000 PONCE DE LEON SUITE 470
CORAL GABLES, FL 33146

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FROM : LAZARUS

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Jun. 06 2008 12:15PM P4 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JUN -6 AM 11: TO

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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

> ALEXANDRA DEL REY 4000 PONCE DE LEON SUITE 470 CORAL GABLES, FL 33146

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OL THE DE INCORPORATION THIS

2008

ARTICLE VI - DIRECTOR/S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THÈSE ARTICLES OF INCORPORATION IS (ARE):

> PRESIDENT: ALEXANDRA DEL REY 4000 PONCE DE LEON SUITE 470 CORAL GABLES, FL 33146

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

COFFICE
HAVING BEEN MAINED AS REQUITERED AGENT AND TO ACCIDET BRANCHE OF PROCESS FOR THE ABOVE BYATED CORPORATION AT PLACE DESIGNATED IN THE CHITTED CAPACITY. I PURTHER AGREET TO APPOINTMENT AS REQUITED AGENT AND AGENT FOR ACT IN THE CAPACITY. I PURTHER AGENT TO COMPLETE TO COMPLY WITH THE PROATSCAND OF ALL STATUTIES MILLIFED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM PARILLER WITH AND ACCEPT THE CELINATIONS OF MY POSITION AS REQUITERED AGENT.

REGISTERED AGENT SIGNATURE

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