

PO 8000084463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000135520210

09/15/08--01027--012 \*\*87.50

APPROVED  
AND  
FILED  
08 SEP 15 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight SEP 15 2008

## COVER LETTER

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

**SUBJECT:** Florida Tools Distributor Co.

**(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:** Reynaldo Gomez

Name (Printed or typed)

11880 South West 19th Lane unit#165

Address

Miami, Florida 33175

City, State & Zip

305-480-8985

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

APPROVED  
AND  
FILED  
08 SEP 15 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Florida Tools Distributor Co.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

11880 South West 19th Lane unit #165 Miami, Florida 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

500 shares of common stock having a par value of \$1.00 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

This Corporation shall have 1 Director(s) initially. The number of Directors may be increased or decreased from time to time by the Bylaws, but shall never be less than One. The name and address of the initial Director is:

NAME	ADDRESS
Reynaldo Gomez	11880 South West 19th Lane unit #165 Miami, Florida 33175

**ARTICLE VI REGISTERED AGENT**

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

Reynaldo Gomez 11880 South West 19th Lane unit #165 Miami, Florida 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Reynaldo Gomez 11880 South West 19th Lane unit #165 Miami, Florida 33175

\*\*\*\*\*

*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

09/09/2008

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Incorporator

09/09/2008

\_\_\_\_\_  
Date