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COVER LETTER

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

SUBJECT:	DPS Distrib	LTIUN COMPONATE NAME - MUST INCI	ny:	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	UDF(SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00	\$78.75	□ \$78.75	387.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		,	& Certificate of Status	
		ADDITIONAL CO		
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700 · D.C.S				
FROM: Min cc Dess Name (Printed or typed)				
1410 Davida Mara 10				
1769 HOPPI happola				
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	Ocasa F S	, State & ZIp		
	257-201-	- 21.40		
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. (Profi	
The name of the corporation shall be: DPS Distribution Corripany	
The principal street address and mailing address, if different is: 1469 17 Magnola Pul Ocala fl 34475 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 177451C Distribution	mailing address'. P. D Box 171 Ocala 71 3447
ARTICLE IV SHARES The number of shares of stock is: 100 (Hurichted)	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s):	<u>vors</u>
Monica Ress: President	ORS Of the registered agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Numica Bess L 1469 N Magnolia Ocala F1 3447	•
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: I'm on ica Bess (1469 m Magno Ocala 71 346	ra Ave)
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent	and agree to act in this capacity
Signature/Registered Agent	3-12-09 Date
Mucc Bus Signature/Incorporator	3-12-09 Date

Date