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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

LEON DISTRIBUTION, INC.

EP 3/17/09

Certificate of Status	0
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Page Count	02
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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:

LEON DISTRIBUTION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4508 HEYWARD ST
NORTH PORT, FLORIDA 34291

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TALLAHASSEE, FLORIDA

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 State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT
EDUARDO LEON
4508 HEYWARD ST
NORTH PORT, FLORIDA 34291

DIRECTOR, VICE-PRESIDENT
YOLEXIS GARCIA
4508 HEYWARD ST
NORTH PORT, FLORIDA 34291

H090000608903

PAGE 2 LEON DISTRIBUTION,INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EDUARDO LEON
4508 HEYWARD ST
NORTH PORT, FLORIDA 34291

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

EDUARDO LEON
4508 HEYWARD ST
NORTH PORT, FLORIDA 34291

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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.

E. Leon
EDUARDO LEON / Registered Agent

03/16/09
Date

E. Leon
EDUARDO LEON /Incorporator

03/16/09
Date