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Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FINNEGANS MULTITECH & MENA DISTRIBUTION INC**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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:

FINNEGANS MULTITECH & MENA  
DISTRIBUTION INC (EFFECTIVE 1-1-11)

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

MAILING: 6742 FOREST HILL BLVD  
SUITE # 254  
WEST PALM BEACH FL 33413

PRINCIPAL: 4851 NW 103 AVE SUITE 51  
SUNRISE FL 33351

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JORGE CUBILLA-FERNANDEZ  
4851 NW 103 AVE  
SUITE 51  
SUNRISE FL 33351

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

JORGE CUBILLA - FERNANDEZ  
4851 NW 103 AVE SUITE 51  
SUNRISE FL 33351

The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.



Signature

**ARTICLE VI- DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

JORGE CUBILLA - FERNANDEZ  
(President)

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**

**/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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