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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Business Chury Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

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

| SUBJECT: DAVID BRODER LOGISTICS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
|--|--|----------|--|--|--|--|
| (PROPOSED CORPORA | TE NAME - <u>MUST INCLUDE SUFFIX</u>) | | | | | |
| Enclosed are an original and one (1) copy of the article | cles of incorporation and a check for: | | | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status | of | | | | |
| | ADDITIONAL COPY REQUIRED | <u> </u> | | | | |
| | | | | | | |
| FROM: DAVID BRODER Name | | | | | | |
| | | | | | | |
| 3447 GERBER | AVE Address | | | | | |
| LAKE RACID FL 3 | 385 2 | | | | | |
| 772-205-491 Daytime To | • | | | | | |
| | nail . Com d for future annual report notification) | | | | | |

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. (Profit)

| ARTICLE I | NAME | | | |
|---------------------------------------|--|---|---|--|
| The name of the | corporation shall be: DAVID BRODER L | OGISTICS, INC. | ; | |
| ARTICLE II | PRINCIPAL OFFICE | , | | |
| | Principal street address | Maili | ng address, if different is: | |
| | 3447 GERAFR AVE | | | |
| | LAKE PLACID FL 33852 | | | |
| | · | | | |
| ARTICLE III | PURPOSE | | | |
| | which the corporation is organized is: | | | |
| | I all lawful business ac | hvities | | |
| ARTICLE IV The number of sl | SHARES hares of stock is: 100 | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO |)RS | | |
| Name and | Title: DAVID Broder President | Name and Title: | | |
| Address: | 3447 Gerber Mye | Address: | | |
| | Lake Placed Fr. 33852 | | Do. | |
| | | | | - T |
| Name and | Title: | Name and Title: | | 70 F |
| Address: | | | الأيمة | 1 september |
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| Name and | Title: | Name and Title: | Lan. C10. | <u>ro</u> |
| Address: | | Address: | OR P | |
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| ADTICLE IN | | | | |
| | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | | |
| Name: | Je frey Montress | of the registered agent is. | | |
| Address: | 11 Fickson Creck Circle | | | |
| | Sebring FL 33870 | | | |
| | 9 | | | |
| ARTICLE VII | INCORPORATOR Address of the Incorporator is: | | | |
| Name: | David Broder | | | |
| Address: | 3447 Gerber Ne | | | |
| | Lake Roud FL 3385 | <u>2</u> | | |
| | | 6 41 | | |
| riaving been na this cortificato I | med a s reg istered agent to accept service of proc am familiar with and accept the appointment as r | ess jor ine above statea c opistored agent and agree | orporation at the place at | isignatea in |
| mis cerujicaie, i | Jamajar with and accept the appointment as t | egisiereu ugem umu ugree | | |
| | H/H | | 02/28/2 | 000 |
| | Required Signature/Registered Agent | | <u>()2/28/2</u> 17ate | \sim ++ |
| / | | | , , | |
| | cument and affirm that the facts stated herein a | | | mitted in a |
| document to the | Department of State constitutes a third degree feld | ony as provided for in s.81 | 7.155, F.S. | |
| | D 12 1 | | , , , 1 | |
| | av Val | | 02/28/2 | <u> 2011 </u> |
| | Regulard Signature/Incorporator | | / Date | 1 |