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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
S & O DISTRIBUTORS INC.

Certificate of Status	0
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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:

S & O DISTRIBUTORS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3540 NW 2ND ST

MIAMI, FLORIDA 33125

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:

PRESIDENT

SAED MASHNI

3540 NW 2ND ST

MIAMI, FLORIDA 33125

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ARTICLE VI REGISTERED AGENT

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

SAED MASHNI
3540 NW 2ND ST
MIAMI, FLORIDA 33125

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

SAED MASHNI
3540 NW 2ND ST
MIAMI, FLORIDA 33125

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.

Saed Mashni
SAED MASHNI / Registered Agent

5-11-11
Date

Saed Mashni
SAED MASHNI / Incorporator

5-11-11
Date

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