

Div: MAY. 17. 2011 3:16PM

CAPITAL CONNECTION

NO. 5501

of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000133863 3)))



H1100013386334BC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : 120000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

RECEIVED  
11 MAY 17 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
ALLSTATE DISTRIBUTION CENTER, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
2011 MAY 17 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

L Burch MAY 18 2011

MAY. 17. 2011 3:17PM

CAPITAL CONNECTION

NO. 5504 P. 3

**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: **ALLSTATE DISTRIBUTION CENTER, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**118 YACHT CLUB DR. #7**  
**NORTH PALM BEACH FL 33408**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: **100 Shares**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **JOHN ZIELONKA, Title P**  
Address: **118 YACHT CLUB DR. #7**  
**NORTH PALM BEACH FL 33408**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **JOHN ZIELONKA**  
Address: **118 YACHT CLUB DR. #7**  
**NORTH PALM BEACH FL 33408**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JOHN ZIELONKA**  
Address: **118 YACHT CLUB DR. #7**  
**NORTH PALM BEACH FL 33408**

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Required Signature/Incorporator

Date

FILED

2011 MAY 17 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA