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DIVISION OF CORPORATION

Ps 11/23/11

## **COVER LETTER**

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

## SUBJECT: Land O' Lakes Wholesale Distribution & Co. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Wissam Itani	e (Printed or typed)
4751 Wessex Way	Address
Land O' Lakes, FL 346	39 , State & Zip
813-297-7523 Daytime	Telephone number
Sam_Itani@yahoo.com E-mail address: (to be use	ed 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)

FILED SECRETARY OF STATE OF CORPORATIONS

ARTICLE I	NAME Land O' Lakes Who	lesale Distribution & Co. Corp อเที่รีเดิม อัร corp
the name of the	corporation shall be:	11 NOV 21 PM
ARTICLE II	PRINCIPAL OFFICE	11 NUV 21 FR
	Principal street address	Mailing address, if different is:
	14418 Black Lake Rd	4751 Wessex Way
	Odessa, FL 33556	Land O' Lakes, FL 34639
ARTICLE III	which the corporation is organized is:	
Tobacco wh		
ARTICLE IV	SHARES	
The number of sl	hares of stock is: 200	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS
Name and	Title: Wissam Itani, President	Name and Title: Ibrahim Itani, Vice President
Address:	4751 Wessex Way	Address: 61 78th St.
	Land O' Lakes, FL 34639	Brooklyn, NY 11209
Nome end	Title	Name and Title:
Address:	Titue	Address:
ridaress.		
Name and Ti	Title:	Name and Title:
Address:		
		•
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptab	ula) of the registered egent is:
Name:	Wissam Itani	·
Address:	4751 Wessex Way	
	Land O' Lakes, FL 34639	<del></del>
ARTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
Name:	Wissam Itani	
Address:	4751 Wessex Way Land O' Lakes, FL 34639	
	•	
		rocess for the above stated corporation at the place designated to is registered agent and agree to act in this capacity
	12	11/16/2011
	Required Signature/Registered Agen	<del></del>
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
		44/40/0044
	Required Signature/Incorporator	11/16/2011 Date
	redance nighteneouteothotator	Date