P12000034138

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(,,,			
(Document Number)			
Certified Copies Certificates of Status			
Consist Instructions to Ellis Office			
Special Instructions to Filing Officer:			
W12-17557			

Office Use Only



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03/26/12--01013--009 **70.00

PALED:

COVER LETTER

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

SUBJECT: Keith Peterson Distr	ibuting Company
(PROPOSED CORPORA	ATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Keith Peterson Nam	e (Printed or typed)
4711 W. Wallcraft A	Address
Tampa, FL 3361	, State & Zip
813 - 839 - 1014 Daytime 1	Felephone number
KKcad @ hotmail.	_o∾ ed for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2012

KEITH PETERSON 4711 W. WALLCRAFT AVE TAMPA, FL 33611

SUBJECT: KEITH PETERSON DISTRIBUTING COMPANY

Ref. Number: W12000017557

We have received your document for KEITH PETERSON DISTRIBUTING COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 812A00010457

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	AME ration shall be: Keith Peterson Di	stributing	Company
41	Principal office Principal street address II W. Wallcraft Ave Ampa, FL 33611		failing address, if different is:
The purpose for which	RPOSE the corporation is organized is: of food products.		The Control of the Co
ARTICLE IV SE			2 MR - 9
Name and Title: Address:	Tital Officers AND/OR DIRECTORS Keith Peterson, President Hill W. Wallcraft Ave Tampa, FL 33611	Name and Title:_ Address:	
Name and Title: Address:		Name and Title: Address:	
Name and Title: Address:		Name and Title: Address:	
	GISTERED AGENT I street address (P.O. Box NOT acceptable) of Keith Peterson 4711 W. Walleraft Ave Tampa, FC 33611	the registered agen	t is:
ARTICLE VII IN The name and addres Name: Address:	CORPORATOR s of the Incorporator is: Keith Peterson 4711 W. Wallcraft Auc Tampa, FL 33611		
this certificate, I am fa	s registered agent to accept service of process miliar with and accept the appointment as regis		
- Kerd (Required Signature/Registered Agent		3-21-12 Date
	nt und affirm that the facts stated herein are to treat of State constitutes a third degree felony		
Keid	Required Signature/Incorporator		3-21-/2 Date