

P12000093819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

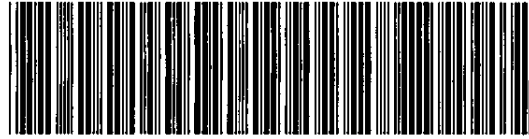
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WP-53230



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10/15/12--01018--005 **78.75

FILED
12 NOV -9 AM 11:58
TALLAHASSEE, FLORIDA
STATE

11/13/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

12 NOV -9 AM 10: 57

October 17, 2012

A & A DISTRIBUTORS, INC.
3641 NW 19 STREET
MIAMI, FL 33125

SUBJECT: A & A DISTRIBUTORS, INC.
Ref. Number: W12000053230

We have received your document for A & A DISTRIBUTORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L10000024800 (A & A DISTRIBUTOR LLC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Thomas Chang

COVER LETTER

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

SUBJECT: A & A Distributors, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee
& Certificate of Status

\$78.75 Filing Fee
& Certified Copy
 \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: A & A Distributors, Inc
Name (Printed or typed)

3641 NW 19 Street
Address

Miami, Fl. 33125
City, State & Zip

305-299-6160
Daytime Telephone number

aricolt@hotmail.com
E-mail address: (to be used 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:

~~A & A Distributors, Inc.~~

A & A Distributors of West Dade, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3641 NW 19 Street
Miami, Fl. 33125

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Products Distributor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Ricolt, president Name and Title: _____
Address: 3641 nw 19 street Address: _____
miami, fl. 33125 _____

Name and Title: Ana Ricolt, vice President Name and Title: _____
Address: 3641 nw 19 street Address: _____
miami, fl. 33125 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Antonio Ricolt
Address: 3641 nw 19 Street
Miami, Fl 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Ricolt
Address: 3641 NW 19 street
Miami, Fl. 33125

12 NOV -1 8:11:50
TALLAHASSEE, FLORIDA

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

[Signature] 10-9-12
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.

[Signature] 10-9-12
Required Signature/Incorporator Date