

P12000094855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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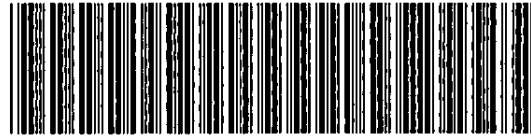
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/12--01026--013 **78.75

12 NOV 13 AM 8:57
TALLAHASSEE, FLORIDA

11/15/12

COVER LETTER

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

SUBJECT: Taurus Diamondback 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: Angelo & Banta, P.A.
Name (Printed or typed)

515 East Las Olas Boulevard, Suite 850
Address

Ft. Lauderdale, Florida 33301
City, State & Zip

954-766-9930
Daytime Telephone number

kac@angelolaw.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: **TAURUS DIAMONDBACK DISTRIBUTORS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
16175 N.W. 49th Avenue
Miami, Florida 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any and all lawful business**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICES AND/OR DIRECTORS

Name and Title: **Mark Kresser, P**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **Dennis Braz Concalves, D/ Senior VP**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **Jorge P. Velloso, D**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **Luis F. Costa Estima, D**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **Fernando J. S. Estima, D**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **Gilmar Rabaoli, D**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

Name and Title: **David Blenker, Executive VP/ S/ T**
Address: **16175 N.W. 49th Avenue**
Miami, Florida 33014

ARTICLE VI REGISTERED AGENT

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

Name: **Angelo & Banta, P.A.**
Address: **515 East Las Olas Boulevard**
Suite 850
Fort Lauderdale, Florida 33301


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Thomas P. Angelo, Esq.**
Address: **515 East Las Olas Boulevard**
Suite 850
Fort Lauderdale, Florida 33301

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FALLA ASSOCIATES, 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 appointments as registered agent and agree to act in this capacity


Required Signature/Registered Agent

11/12/2012
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

11/12/2012
Date

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FALLAHS-ET LORDE
STATE