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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INCT

Account Number: I20000000019

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### FLORIDA PROFIT/NON PROFIT CORPORATION MAEL DISTRIBUTOR CORPORATION

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Electronic Filing Menu Corporate Filing Menu

Help

T. Burch MAK 2 7 2013

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March 25, 2013

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of

40e1 Distributor Corporation

of Doc# P100084699 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention

of reopening it. Thank you for your help in this matter.

Very sincerely,

martetada

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### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

MAEL DISTRIBUTOR CORPORATION

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

SONW 126ST NORTH MIAMI FL 33168

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL ESTRADA 50 NW 126 ST NORTH MIAM'I EL 331.68

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### ARTICLE V - INCORPORATOR

1	The name and	address of the incorpe	orator to these Arti	cles of Incorporation is:
	-	MANUEL		•

50 NW 126 ST

NORTH MIAMI, FL 3316&

> marthal Signature

### ARTICLE VI-DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MANUEL ESTRADA (President)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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