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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
DISTROPET, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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MRD 7/26/13

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**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: **DISTROPET, INC**

**FILED**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

**1379 HARBOR VIEW EAST**  
**HOLLYWOOD, FL 33019**

**13 JUL 25 AM 10:44**  
Mailing address, if different is:  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: **ANY AND ALL LEGAL BUSINESS**

**ARTICLE IV SHARES**  
The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **ADAM GRANT**

Name and Title: **PRESIDENT**

Address: **1379 HARBOR VIEW EAST**  
**HOLLYWOOD, FL 33019**

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: ADAM GRANT  
Address: 1379 HARBOR VIEW EAST  
HOLLYWOOD, FL 33019

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADAM GRANT  
Address: 1379 HARBOR VIEW EAS  
HOLLYWOOD, FL 33019

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

7/22/13

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

7/22/13

Date

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