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,				
(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				
Special Instructions to Filing Officer:				
Special institutions to raining Officer.				





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FILING CANCELLED **RETURN CHECK**

08/26/13--01045--006 **78.75

TRANSMITTAL LETTER

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

FILING CANCELLED RETURN CHECK

SUBJECT: AA	AA Mister Beer Express Co		•	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00	☑ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
i ming i ee	& Certificate of Status		•	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		A DDIMIONAL CO	Status	
		ADDITIONAL CO	DPY REQUIRED	
	AAAA Mister Boor Evere	ee Corn		
FROM: AAAA Mister Beer Express Corp				
	Name (Printed or typed)			
	7125 SW 47 Street Suite	#303		
		Address		
	Miami, FL 33155			
	City	, State & Zip		
	800.819.5179			
	Daytime '	l'elephone number		

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:

AAAA Mister Beer Express Corp

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SECRETARY OF STATE TABUANASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7125 SW 47 Street Suite #303 Miami, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beer Distribution

FILING CANCELLED RETURN CHECK

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Juan Aranda (P) 7891 West Flagler Street Suite #499 Mlami, FL 33144

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Juan Aranda 7891 West Flagler Street Suite #499 Mlami, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Aranda 7891 West Flagler Street Suite #499 Mlami, FL 33144

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 Registered Agent

08/01/2013

Date

08/01/13

Date

Signature/Incorporator