

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

: C T CORPORATION SYSTEM Account Name

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

Rmail	Address:					

FLORIDA PROFIT/NON PROFIT CORPORATION PC DISTRIBUTION, INC.

Certificate of Status	0
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Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: PC Distribution, Inc. PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is 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 Fec. Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:

Emily Vincent, c/o NRAI Corporate Services, Inc.

Name (Printed of typed)

2875 Michelle Dr., Suite 100

Irvine, CA 92606

800-562-6439

Daytime Telephone number

evincent@nrai.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: PC Distribution, Inc. PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: Principal street address P.O. Box 1659, Destin, FL 32540 838 Airport Rd., Destin, FL 32541 The purpose for which the corporation is organized is: free publication programs. ARTICLE IV SHARES 1000
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:__ Name and Title: Christy Palanijan, President/Treasurer P.O. Box 1659 P.O. Bax 1659 Address Address: Destin, FL 32540 Destin, FL 32540 Bennett Christensen Kimberly S. Modlin Name and Title: Name and Title: P.O. Box 1659 2326 E. Boulder Address Address: Colorado Springs, CO 80909 Destin, FL 32540 Name and Title:____ Robert L. Christensen Name and Title:_ P.O. Box 1659 Address: Address Deestin, FL 32540

SECRETARY OF STATE DIVISION OF CORPUSATION

2019 NOV 25 PM (2:42

Name and Title:		Name and Title:
Addre	ss	Address:
ARTICLE VI		
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Namo:	American Classifieds LLC	_
Address:	P. O. Box 1659	_
	Destin, FL 32540	_
ARTICLE VI		
The name and	address of the incorporator is:	
Name:	Kimberly S. Modlin	_
Address:	P.O. Box 1659	
	Destin, FL 32540	
Having been n. this certificate, By:	l am familiar with and accept the appointment as t American Classifteds LYC	ss for the above stated corporadon at the place designated in tgistered agent and agree to act in this capacity 11/25/2013
	Required Signature/Registered Agent	
	•	Date
document josti	Department of State constitutes a third degree fel	e true. I am aware that the false information submitted in a my as provided for in s.817.135, F.S.
LW	runy J. Moder	11/25/2013
	Required Signature/Incorporator	Date