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No.

P14000087347

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**A. FALERO DISTRIBUTORS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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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:

A. FALERO DISTRIBUTORS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:10420 SW 77 AVENUESUITE 202PINECREST, FL 33156

Mailing address, if different is:

10420 SW 77 AVENUESUITE 202PINECREST, FL 33156**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or  
all lawful activities or business permitted under the laws of the United States,  
the State of Florida or any other state, country, territory or nation.

**ARTICLE IV SHARES 100**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CARIDAD A. FALERO (P/D)

Address:

10420 SW 77 AVENUESUITE 202PINECREST, FL 33156Name and Title: ALEXIS A. FALERO (V/D)

Address:

10420 SW 77 AVENUESUITE 202PINECREST, FL 33156

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


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

Name: CARIDAD A. FALERO  
Address: 10420 SW 77 AVENUE SUITE 202  
PINECREST, FL 33156

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: CARIDAD A. FALERO  
Address: 10420 SW 77 AVENUE SUITE 202  
PINECREST, FL 33156


*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

Oct. 23, 2014

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

Oct. 23, 2014

Date

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