

09/11/2032

#3860 P.001/004

**PA000089489**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000255105 3)))



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

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14 OCT 31 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
UNITED DISTRIBUTORS OF SOUTH FLORIDA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

09/11/2032 05:01

#3860 P.002/004

H14000255105

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of United Distributors of  
P10000051597. SOUTH FLORIDA CORP of Doc #  
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,

Edward Hedberg

14 OCT 31 PM 3:39  
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FLORIDA DEPARTMENT OF STATE

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME:** The name of the corporation is:United Distributors of South Florida  
Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14335 SW 120 STSuite 211MIAMI FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Eduardo Medori (P)Euris Vera (VP)Yariled Medori (T)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

General Consulting Services Group, Corp.14335 SW 120 ST Suite 211MIAMI FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:General Consulting Services Group, Corp.14335 SW 120 ST Suite 211MIAMI FL 33186

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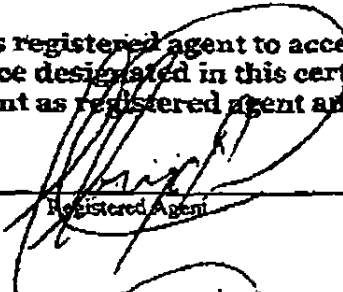
09/11/2032 05:02  
09/09/2032 08:18

#3880 P.004/004

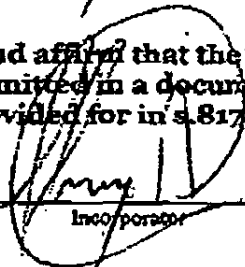
H14000255105 #2755 P.003/004

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent  
10/30/2014  
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.

  
\_\_\_\_\_  
Incorporator  
10/30/2014  
Date

14 OCT 31 PM 3:31  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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