Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

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

FLORIDA PROFIT/NON PROFIT CORPORATION GORRITA'S DISTRIBUTION COMPANY

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

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## ARTICLES OF INCORPORATION H 1 40 0 0 2 6 2 6 5 3 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
Gozzata'S Distribution Company
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  311 Floricla 3200.
Maui F. ( 33144
ARTICLE III SHARES: The number of shares of stock is: \\0\0
Sualdo Corrida (P)
<del></del>
ECRECATION AND A STATE OF THE S
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Osvaldo GORRITA
311 FLORIDA BLVD.
Miami FL 33144
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Osvaldo Gorrita.
311 FLORIDA BLVD.
Miami FL 33144

#4226 P.003/003



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14 NOV 12 AM 11:21

Required Signatures:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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.

mcorporator

Date