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(Reque	estor's Name)			
(Address)				
. (Addre	ss)			
(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busin	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Fili	ng Officer:			

Office Use Only



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12/22/14--01029--020 **78.75

THED FILED AND SERVICE SERVICES

12/23/14

COVER LETTER

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

SUBJECT: MIII	ronics Distribution	on Corp.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
,		ADDITIONAL CO	PY REQUIRED			
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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)

nume of the corpe	AME Miltronics Distribution shall be: Miltronics Distrib	oution Corp.			
Principal office Principal street address 003 e newportcenter dr. Peerfield Beach			Mailing address, if different is:		
33442					
RTICLE III PU e purpose for which	h the corporation is organized is:				
			7 7		
number of shares	HARES of stock is: 100		PILE DEC 22		
number of shares	of stock is: TOO		22 -		
number of shares	ittial officers and/or direct tle: Shawn P.Ryan Preside 1003 e newportcenter deerfield beach	Name and Title:	22 -		
Name and Tit	TITIAL OFFICERS AND/OR DIRECT tle: Shawn P.Ryan Preside 1003 e newportcenter of deerfield beach FL 33442	Name and Title: Address: Name and Title:	22 Ali 1: 38		
RTICLE V IN Name and Ti Address	TITIAL OFFICERS AND/OR DIRECT tle: Shawn P.Ryan Preside 1003 e newportcenter of deerfield beach FL 33442	Name and Title: Address: Name and Title: Address: Address:	22 # H 38		
Name and Ti Address Name and Tit Address	TITIAL OFFICERS AND/OR DIRECT tle: Shawn P.Ryan Preside 1003 e newportcenter of deerfield beach FL 33442	Name and Title: Address: Name and Title: Address: Address:	22 All 11: 38		

Name and	Title:	Name and Title:		·
Address		Address:		
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Shawn P. Ryan	the registered agent is.		
Address:	1003 e newportcenter dr.			
	deerfield beach fl 33442			à
			22.1	
ARTICLE VII	INCORPORATOR			į
The name and ad	dress of the Incorporator is:			
Name:	Shawn P. Ryan			
Address:	1003 e newportcenter dr			•••
	deerfield beach fl 33442		••	₩ ₩
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporat istered agent and agree to act	ion at the in this ca	place designated in pacity
	Required Signature/Registered Agent		/0	Date Date
	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony			ation submitted in a
	Required Signature/Incorporator			Date