DISDUDA4134		
(Requestor's Name)	100269715221	
(City/State/Zip/Phone #)	**************************************	
(Document Number)		
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2015

RYAN PHILBECK 6727 NW 16TH TERRACE FORT LAUDERDALE, FL 33309

SUBJECT: DIRECT DIATRIBUTION INC Ref. Number: W15000013443

We have received your document for DIRECT DIATRIBUTION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 515A00003890

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee. Florida 32314

## COVER LETTER

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

# SUBJECT: Direct Distribution Inc Factory Direct Distribution

Enclosed are 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

<b>\$78.75</b>	<b>\$87.50</b>
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>PPY REQUIRED</b>

FROM: Ryan Philbeck

Name (Printed or typed)

#### 6727 NW 16th Terrace

Address

### Fort Lauderdale, FL, 33309

City, State & Zip

#### (561)305-5388

Daytime Telephone number

#### ryandanielphilbeck@outlook.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 INCO In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)
TICLE I NAM	E ion shall be: <b>Direct-D</b> iştribute	The. Factory Direct Distrib
	ICIPAL OFFICE Principal street address	Mailing address, if different is:
<u>′27 NW 16</u>	th Terrace	
ort Laudero	ale, FL, 33309	
TICLE III PURF purpose for which th	COSE te corporation is organized is:	oution of food service and specialty product.
	······································	
<u>, i i i i i i i i i i i i i i i i i i i</u>		
		37-1718028
TICLE IV SHA	RES 10 000	37-1778028
TICLE IV SHA	<b>RES</b> stock is: 10,000	37-1718028
TICLE V INIT	IAL OFFICERS AND/OR DIRECTOR	
TICLE V INIT. Name and Title:	Ryan Philbeck - Director	S Name and Title:
TICLE V INIT. Name and Title: Address	AND/OR DIRECTOR Ryan Philbeck - Director 6727 NW 16th Terrace	S     Name and Title:     Address:
TICLE V INIT. Name and Title: Address	Ryan Philbeck - Director	S Name and Title:
TICLE V INIT. Name and Title: Address	AND/OR DIRECTOR Ryan Philbeck - Director 6727 NW 16th Terrace	S     Name and Title:     Address:
TICLE V INIT. Name and Title: Address	AND/OR DIRECTOR Ryan Philbeck - Director 6727 NW 16th Terrace Fort Lauderdale, FL, 33309	S     Name and Title:     Address:
TICLE V INIT Name and Title: Address Name and Title:	Average State Stat	S     Name and Title:     Address:
TICLE V INIT. Name and Title: Address	AND/OR DIRECTOR Ryan Philbeck - Director 6727 NW 16th Terrace Fort Lauderdale, FL, 33309	S     Name and Title:     Address:
TICLE V INIT Name and Title: Address Name and Title:	Average State Stat	S     Name and Title:     Address:
TICLE V INIT Name and Title: Address Name and Title:	Average State Stat	S     Name and Title:     Address:
TICLE V INIT Name and Title: Address Name and Title: Address	And Antipers And/or Director Ryan Philbeck - Director 6727 NW 16th Terrace Fort Lauderdale, FL, 33309	S     Name and Title:     Address:     Name and Title:     Address:     Address:
TICLE V   INIT     Name and Title:   Address     Name and Title:   Address     Name and Title:   Address     Name and Title:   Address	A Andrew	S     Name and Title:     Address:     Name and Title:     Address:     Name and Title:     Name and Title:     Name and Title:
TICLE V INIT Name and Title: Address Name and Title: Address	And Antipers And/or Director Ryan Philbeck - Director 6727 NW 16th Terrace Fort Lauderdale, FL, 33309	S     Name and Title:     Address:     Name and Title:     Address:     Name and Title:     Name and Title:     Name and Title:

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		(contr.)
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Name an	d Title	Name and Title:
	,	
Address		Address:
ARTICLE VI		
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Patricia Vendetti	
Address:	6727 NW 16th Terrace,	-
	Fort Lauderdale, FL, 33309	
ARTICLE VII	INCORPORATOR	
The <u>name and ac</u>	ddress of the Incorporator is:	
Name:	Ryan Philbeck	
Address:	6727 NW 16th Terrace,	
	Fort Lauderdale, FL, 33309	-
Having been nar his certificate, h	ned as registered agent to accept service of process are forming with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	Ve>	02/18/2015
<del>_J/</del>	Required Signature/Registered Agent	Date
I submit this doe document to the	mment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
HIN.	and find	02/18/2015
1 July	Required Signature/Incorporator	Date
$\mathcal{O}$	$\checkmark$	

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To whom it may concern:

Old corporation name: Direct Distribution Inc.

New(revised corporation name): Factory Direct Distribution Inc.

