

PIS 00083526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

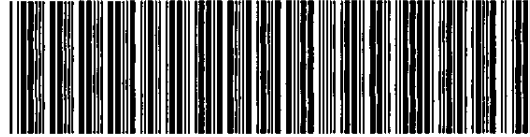
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

P.

Office Use Only



000277696370

10/06/15--01003--004 \*\*70.00

FILED  
15 OCT -6 PM 4: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bureh OCT 12 2015

## COVER LETTER

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

**SUBJECT:** ERMB DISTRIBUTION INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** EDUARDO J MARTINEZ

Name (Printed or typed)

10526 EASTPARK WOODS DR

Address

ORLANDO FL 32832

City, State & Zip

914-479-2520

Daytime Telephone number

BULLMARTINEZ1021@HOTMAIL.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 INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: ERMB DISTRIBUTION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10526 EASTPARK WOODS DR  
ORLANDO FL 32832

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DISTRIBUTION OF WHOLESALE FOOD

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDUARDO J MARTINEZ, PRESIDENT

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

Address 10526 EASTPARK WOODS DR

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

ORLANDO FL 32832

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
15 OCT -6 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: JOY HOBBS  
Address: 335 SR 436 STE 127  
CASSELBERRY FL 32730

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EDUARDO J MARTINEZ  
Address: 10526 EASTPARK WOODS DR  
ORLANDO FL 32832

FILED  
15 OCT -6 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

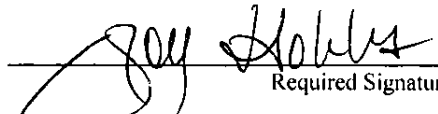
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09-23-2015  
\_\_\_\_\_  
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

09-23-2015  
\_\_\_\_\_  
Date