Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Ö

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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

**Enter the email address for this business entity to be used for Future

annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION COMP. WHOLESALER. INC

:	***
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Help

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

ARTICLE I NAME: The name of the corporation is:	
Comb. Wholosaler. Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1400 lefferson be. Florida city FL 32034	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Rolando Perez (P)	
Au A	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Bolando Perez	
1400 Jefferson Dr.	
Florida City FL 33034	
1101109 0114 10 00084	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Bolando Perez	
1400 Jefferson DB.	

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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

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.

doctor rator

11/02/15 Date