

08/20 00:00 PM FAX No. P. 001
P/6000037850

FLORIDA Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000105672 3)))



H160001056723ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
16 APR 28 1:41
TALLAHASSEE, FLORIDA

****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
PL SUPPLY CORP**

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

APR 2 2016

S. GILBERT
APR 28 2016

S. GILBERT

RECEIVED
16 APR 28 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR/28/2016/THU 01:00 PM

FAX No.

P.002

FILED

16 APR 28 PM 1:41

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

ARTICLE I NAME PL SUPPLY CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19900 NW 37 AVE

MIAMI GARDENS, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO LUIS ORTA (P/D)

Name and Title:

Address 19900 NW 37 AVE

Address:

MIAMI GARDENS, FL 33056

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

APR/28/2016/THU 01:00 PM

FAX No.

P. 003

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: PEDRO LUIS ORTA
Address: 19900 NW 37 AVE
MIAMI GARDENS, FL 33057

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO LUIS ORTA
Address: 19900 NW 37 AVE
MIAMI GARDENS, FL 33057

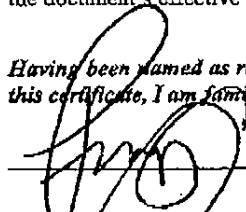
ARTICLE VIII EFFECTIVE DATE:

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

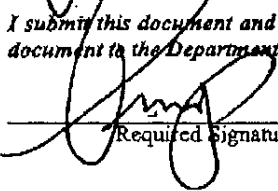
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 04/25/2016
Required Signature/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.

 _____ 04/25/2016
Required Signature/Incorporator Date