

JUN/01/2016/WED

6/1/2016

FAX No

P. 001/003

**P16000047757**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
305 WHOLESALE, INC**

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

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FAX No.

P. 002/003

**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: 305 WHOLESALE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

770 SW 47 AVE

MIAMI, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES: 100

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

Name and Title: ARMANDO CONCEPCION (P/D)

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

Address 770 SW 47 AVE

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

MIAMI, FL 33134

Name and Title: JOHN CASTRO (VP)

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

Address 770 SW 47 AVE

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

MIAMI, FL 33143

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

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

Address \_\_\_\_\_

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN CASTRO  
Address: 770 SW 47 AVE  
MIAMI, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN CASTRO  
Address: 770 SW 47 AVE  
MIAMI, FL 33143

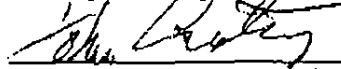
**ARTICLE VIII EFFECTIVE DATE:**

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

MAY 16, 2016

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

MAY 16, 2016

Date