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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

Fax Number

: (800)221-2972 : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cmail	Address:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION MID-FLA Distributing Inc

Certificate of Status	0
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Page Count	02
Estimated Charge	\$70.00

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Help

NOV 0 3 2016.

T. SCOTT

## ARTICLES OF INCORPORATION

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

AKTICLET NAM	$\stackrel{E}{=}$ MID-FLA DISTRIBUT	ING, INC	
he name of the corpor	E MID-FLA DISTRIBUT mion shall be:		
RTICLE II PRIN	CIPAL OFFICE		
250 BIOUWOOD DI	Principal street address	N	failing address, if different is:
350 RICHWOOD PI	KEDR	·	
USKIN, FL 33570			
<del></del>		<del></del>	
RTICLE III PURF	<u>POSE</u> gener	al	
he purpose for which	the corporation is organized is:	<del></del>	· · · · · · · · · · · · · · · · · · ·
·			
		·	
			•
RTICLE IV SHAR e number of shares of	Establifica 200		
ie number of shares of	SIOCK IS:	<del></del>	
DOMESTIC AND ADDRESS.	AL ASSISSED AND OR BURGOSO		
	<u>AL OFFICERS AND/OR DIRECTOR</u>	_	
Name and Titl	e: ANTHONY DELLASALA JR, D	IRECTOR ne and Title:_	
Address	2350 RICHWOOD PIKE DR	A didwara:	
Address	DUSTIN EL 22520	Audress:	
	RUSKIN, FL 33570		
		<del></del>	
Name and Title		Name and Wiston	
Name and 1)the	:	Name and Title:	
Address		Address:	
Name and Title		Name and Title:	
Address		Address:	
		<del></del>	
			·····

Name and Title:		Name and Title:		
Address		Address:		
	· · · · · · · · · · · · · · · · · · ·			
	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	ANTHONY DELLASALA JR	<del></del>		
Address:	2350 RICHWOOD PIKE DR	<u>.                                    </u>		
	RUSKIN, FL 33570	<del></del>		
ADTICLE VII	INCORDOR ATOR			
	<u>NCORPORATOR</u>			
The name and ad	dress of the Incorporator is:			
Name:	ANTHONY DELLASALA JR	<del></del>		
Address:	2350 RICHWOOD PIKE DR			
	RUSKIN, FL 33570			
4 D.TVC1 E 1/111	CERCOTOUT DATE.			
	EFFECTIVE DATE: other than the date of filing:	(OPTIONA	L)	
(If an effective days after the fill	ite is listed, the date must be specific and (	cannot be more than five busin	ess days prior or 90 business	
	inserted in this block does not meet the appli		its, this date will not be listed as	
the document's ef	fective date on the Department of State's rec	ords.		
Having been nam this certificate, I a	ed as registered agent to accept service of p m familiar with and accept the appointment	rocess for the above stated corpo as registered agent and agree to	pration at the place designated in act in this capacity	
<u>/</u> /	per ausig		11-2-2016 Date	
$\mathcal{I}$	Required Signature/Registered Agen	t	Date	
I submit this docu document to the D	ment and affirm that the facts stated herei epartment of State constitutes a third degree	n are true. I am aware that the felony as provided for in s.817.	false information submitted in a 155, F.S.	
<sup>2</sup> )	AN COUSE OF		11-2-2016	
Requir	ed Signature/Incorporator	<del></del>	Date	