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(((H17000191866 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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.

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FLORIDA PROFIT/NON PROFIT CORPORATION MARCUS DISTRIBUTORS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:							
Marcus Distributors aurb							
ARTICLE II PRINCIPAL OFFICE:							
The principal street address and mailing address is:							
3105 NW 107 th Ave							
3105 NW 107 th Ave 2 2 2							
DOLAL F/ 33172= =							
ARTICLE III SHARES: The number of sheres of stock is: 100 8 3							
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:							
<u>Vladimir Casas (P)</u>							
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:							
The name and Florida street address (PO Box not acceptable) of the registered agent is:							
<u>Vladimir</u> Casas							
3105 NW 107Th AVE Suite 400							
Doral FL 33/72							
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:							
76							
4							
Doral FL 33172							

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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 \$537.155, F.S.