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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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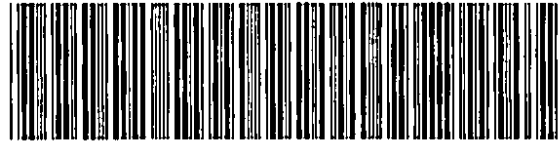
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 09 2018

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: USA SUPREME DISTRIBUTIONS INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: USA SUPREME DISTRIBUTIONS INC

Name (Printed or typed)

3818 SOUTH HIMES AVE SUITE # 2

Address

TAMPA FLORIDA 33611

City, State & Zip

8132998766

Daytime Telephone number

infousasupreme@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME USA SUPREME DISTRIBUTIONS INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
3818 SOUTH HIMES AVE
SUITE # 2
TAMPA FLORIDA 33611

Mailing address, if different is: _____

ARTICLE III PURPOSE SALE, RESALE AND DISTRIBUTION OF GOODS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO CABRERA - PRESIDENT Name and Title: _____

Address 1420 JOHN MOORE RD Address: _____
BRANDON FLORIDA 33511

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ALEJANDRO CABRERA
Address: 1420 JOHN MOORE RD
BRANDON FLORIDA 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEJANDRO CABRERA
Address: 1420 JOHN MOORE RD
BRANDON FLORIDA 33511

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ARTICLE VIII EFFECTIVE DATE: FEBRUARY 01 OF 2018

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 days prior or 90 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

02/01/2018

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

02/01/2018

Date