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Florida Department of State
Division of Corporations
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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 : (800)221-2972
Fax Number : (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.

Email Address: _____

RECEIVED
2018 FEB 15 AM 4:00
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
DISTRIBUIDORA AIM, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
18 FEB 14 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D O'KEEFE
FEB 15 2018

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: DISTRIBUIDORA AIM, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

16425 COLLINS AVE UNIT 311

SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

16425 COLLINS AVE UNIT 311

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized.

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ARTICLE IV SHARES
The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALLEN RASHIDSZADA , Director
Address: 16425 COLLINS AVE UNIT 311
SUNNY ISLES BEACH, FL 33160

Name and Title:
Address:

Name and Title: Magid Rashidzada, Director
Address: 130 Majestic Drive
Dix Hills, NY 11746

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: BlumbergExcelsior Corporate Services, Inc.

Address: 155 Office Plaza Drive, 1st Fl.

TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALLEN RASHIDSZADA

Address: 16425 COLLINS AVE UNIT 311

SUNNY ISLES BEACH, FL 33160

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

Jose Mojica, Assistant Secretary — 2/14/18

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.

Allen — 2/14/2018

Required Signature/Incorporator — Date