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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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M & B DISTRIBUTORS ENTERPRISES, CORP

2018 본타 - 1

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME The name of the corpor	M & B DISTRIB	UTORS ENTERPRISES, CORP		
ARTICLE II PRIM	CIPAL OFFICE Principal <u>street</u> address SUITE # 1507	1631 W 38TH PLACE		
HIALEHA, FL 33012		HIALEAH, FL 33012		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	D ALL LAWFUL BUSINESS		
			20 8 MAR SECRETA	
•			R-I AM 9: TARY OF STA ASSEE, FLOR	
	DIEGO MIRANDA	Name and Title:	09 10A	
Address	PRESIDENT			
	375 W 17TH STREET HIALEAH, FL 33010			
Name and Title:				
Address		Address:		
Name and Title		Name and Title		
Name and Title:				

3052201440

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Name and Title:		Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptabl	e) of the revistered seent is:	
Name:	DIEGO MIRANDA		
Address:	375 W 17TH STREET		
	HIALBAH, FL 33010		
ARTICLE VII	INCORPORATOR		
The name and s	<u>address</u> of the Incomparator is:		
Nanye:	DIEGO MIRANDA		
Addréss:	375 W 17TH STREET		
	HIALEAH, FL 33010		
Effective date, i	EFFECTIVE DATE: 02/28/2018 Tother than the date of filing. date is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the	
	o inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed as ds.	
Having been na this certificate, I	med as registered agent to accept service of pro- am familiar with and accept the appointment as	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity	
	Maria	02/28/2018	
	Required Highature/Registered Agent	Date	
I submit this do document to the	cument outhaffirm that the facts stated herein o Department of State constitutes a third degree fo	are true. I am aware that the false information submitted in a closy as provided for in 1.817.155, P.S.	
	(harm.	02/28/2018	
Requ	ired Signature/Decorporator	Date	