

PR000092171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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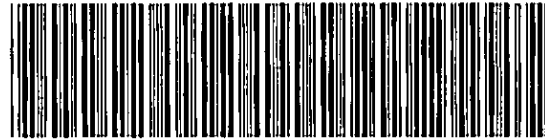
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 09 2018

K Brumbley

## COVER LETTER

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

**SUBJECT:** TRANSNATIONAL DISTRIBUTING 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

**FROM:** STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST STE 406

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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**

The name of the corporation shall be: TRANSNATIONAL DISTRIBUTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

82 NE 26TH ST

MIAMI FL 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JONATHAN SOROTA CEO

Address: 11111 BISCAYE BLVD

SUITE 57

N MIAMI FL 33137

Name and Title: ROBERT SOROTA V

Address: 11111 BISCAYE BLVD

SUITE 57

N MIAMI FL 33181

Name and Title: DAVID KLEVENS S

Address: 11187 MILLPOND GREENS DR.

BOYTON BEACH, FL 33473

Name and Title: DAVID KLEVENS T

Address: 11187 MILLPOND GREENS DR.

BOYTON BEACH, FL 33473

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32309

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: JONATHAN SOROTA

Address: 11111 BIS AYNE BLVD STE 57

N MIAMI FL 33181

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JONATHAN SOROTA

Address: 11111 BIS AYNE BLVD STE 57

N MIAMI FL 33181

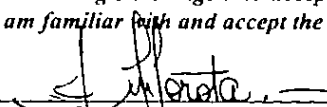
**ARTICLE VIII EFFECTIVE DATE:**

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 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

10/24/2018  
\_\_\_\_\_  
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

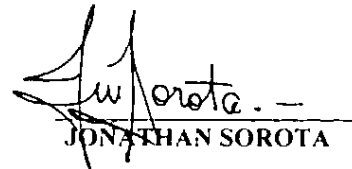
\_\_\_\_\_  
Date

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **JONATHAN SOROTA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **TRANSNATIONAL DISTRIBUTING, INC.** a Florida corporation to be filed with the Florida Department of State on or about **October 23, 2018**.
2. The undersigned hereby consents to and authorizes the use by **TRANSNATIONAL DISTRIBUTING, INC.** of the name **TRANSNATIONAL DISTRIBUTING, INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

  
JONATHAN SOROTA


STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, Jonathan Sorota, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 23<sup>rd</sup> day of October, 2018



**Jenny Celis**  
COMMISSION # GG256873  
EXPIRES: September 10, 2022  
Bonded Thru Aaron Notary

  
Notary Public Signature