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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 : (305)552-5973 Fax Number : (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.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION IME DISTRIBUTORS CORPORATION

Certificate of Status	0
Certified Copy	1
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Help

03/13/2019 16:28 3052201440

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is

IME DISTRIBUTORS CORPORATION
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
471 BILTMODEWAY 211
CORK (2)2.5.
475 BILTMOREWAY SUITE 316 CORAL GABLES 33134
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
GILBERTO J MORALES DIRECTOR 471 BILTMONE WAY SUITE 36: CORAL GABLES, MIANI FT. 33134.
471 BILTHORE WAY SUITE ON
CARAL E-2015 - 14 - 3611 - 3611
COZAC GABLES, MIAMI F1, 33/34.
71)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
GILBERTO J. MORA &S
471 BILTHORE WAY SUITE 316
CORAL GALLES, HIAM, FL. 33134.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
GILBERTO J. MORAKS
471 BILTHORE WAY, SUITE 316
CORAL GABLES HIRNS FL 3313(1)

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

 $\frac{13}{Date}$

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.

Recorporator

Date