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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 : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

\*\*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  
Millennium Distributors Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

19 JUL 26 AM 10:19  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**ARTICLES OF INCORPORATION** H19000224908 3

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

**ARTICLE I      NAME**

The name of the corporation shall be:

MILLENNIUM DISTRIBUTORS INC.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5457 WILES ROAD UNIT 7-102  
COCONUT CREEK, FLORIDA 33073

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV      SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT  
CHRISTOPHER EVANS  
5457 WILES ROAD UNIT 7-102  
COCONUT CREEK, FLORIDA 33073

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CHRISTOPHER EVANS  
5457 WILES ROAD UNIT 7-102  
COCONUT CREEK, FLORIDA 33073

**ARTICLE VII INCORPORATOR**

The name and street address of the incorporator is:

CHRISTOPHER EVANS  
5457 WILES ROAD UNIT 7-102  
COCONUT CREEK, FLORIDA 33073

FILED  
19 JUL 26 AM 10:20  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
CHRISTOPHER EVANS / Registered Agent

7/26/19  
Date

*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.*

  
\_\_\_\_\_  
CHRISTOPHER EVANS /Incorporator

7/26/19  
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.*

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