Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: | · | | | | | | | | | |
|-------|----------|---|--|--|--|--|--|--|--|--|--|
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FLORIDA PROFIT/NON PROFIT CORPORATION ACA DISTRIBUTION SERVICE CORP.

| Certificate of Status | 0 | | |
|-----------------------|---------|--|--|
| Certified Copy | 1 | | |
| Page Count | 03 | | |
| Estimated Charge | \$78.75 | | |

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: DISTRIBUTION Service ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 57 AUG 18001 UW 100 ARTICLE III SHARES: The number of shares of stock is: ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is: ave

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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 expacity

Rogistered Agent

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.

Incorporator

Dite