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Division of Corporations

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Account Name : REGIONES UNIDAS CORP.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
VAL-CON DISTRIBUTION, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF:**

VAL-CON DISTRIBUTION, INC.

The undersigned Incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

VAL-CON DISTRIBUTION, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**5035 SKYLINE BLVD
CAPE CORAL, FL 33914**

ARTICLE III - PURPOSE

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: One Thousand (1000) shares.

One thousand (1000) shares

ARTICLE V - REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

**NICOLAS RINCON
5035 SKYLINE BLVD
CAPE CORAL, FL 33914**

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Prepared by:
Firmo Maldonado c/o Regiones Unidas
8010 W. Sample Road
Coral Springs, FL 33065
Phone (954) 344-3555

ARTICLE VI - INCORPORATOR (S)

The name and address of the Incorporator to these articles of Incorporation is:

**NICOLAS RINCON
5035 SKYLINE BLVD
CAPE CORAL, FL 33914**

ARTICLE VII - OFFICERS AND/OR DIRECTORS

The Initial officer(s) and/or director(s) of the corporation are:

**Title: P
NICOLAS RINCON
5035 SKYLINE BLVD
CAPE CORAL, FL 33914**

The undersigned has(have) executed these Articles of Incorporation this 16th day of July, 2020.



NICOLAS RINCON / President

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**CLERK OF STATE
TALLAHASSEE, FL**

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT
REGISTERED OFFICE**

Pursuant to the provisions of section 607-0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

VAL-CON DISTRIBUTION, INC.

2. The name and address of the registered agent and office is:

**NICOLAS RINCON
5035 SKYLINE BLVD
CAPE CORAL, FL 33914**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

Signature: 

Date: July 16th, 2020

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TALLAHASSEE, FL

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process at for the above stated corporation at the place designated in these Articles of Incorporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Nicolas Rincon

Date: July 16th, 2020

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