

P22000035053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

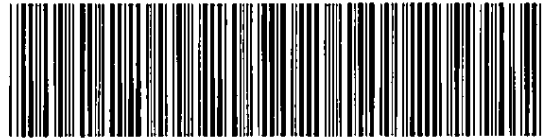
(Business Entity Name)

(Document Number)

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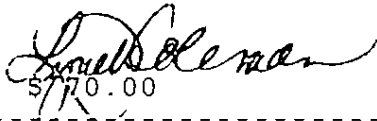
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 667497 8368352

AUTHORIZATION :

COST LIMIT :  \$770.00

ORDER DATE : May 10, 2022

ORDER TIME : 2:13 PM

ORDER NO. : 667497-005

CUSTOMER NO: 8368352

DOMESTIC FILING

NAME: MAJ 2 DISTRIBUTORS INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**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: MAJ 2 DISTRIBUTORS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

376 Winwood Oaks Dr.  
Apt 101

Tampa, FL 33613

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Distribution of Bread and Snack Food

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Maurynel A. Caraballo Rodriguez, President

Address 376 Winwood Oaks dR.

Apt. 101

Tampa, FL 33613

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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**2022 MAY 11 AM 8:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Mauryne A. Caraballo Rodriguez  
Address: 376 Winwood Oaks Dr., Apt 101  
Tampa, FL 33613

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TALLAHASSEE, FL

**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*

Alexxis Weibull, assistant vice president  
Required Signature/Registered Agent

05/11/2022  
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.*

DocuSigned by:  
[Signature]  
Required Signature/Incorporator

5/10/2022  
Date