# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : I20190000086 Phone : (305)275-1300 Fax Number : (305)275-1301

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

tires4lesskendall@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

# SSL Distributions Inc.

| Certificate of Status | ()      |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |



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## 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: SSL Distributions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address is: 15240 Sunset Dr

MIAMI, FL 33193

Mailing address, if different is:

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Ceccato, President

Address: 16349 SW 71 St Terrace, Miami, FL 33193

Name and Title: Sandra Sullo, CEO

Address: 15240 Sunset Dr. Miami, FL 33193

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183



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## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

<u>Ulloa and Company Professional Association</u>

14050 SW 84 Street, Suite 104, Miami, FL 33183

## ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 02/27/2024

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

Required Signature/Registered Agent

02/27/2024

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.

Required Signature Incorporator

02/27/2024