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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:___

FLORIDA PROFIT/NON PROFIT CORPORATION AJ GROUP DISTRIBUTION CORP

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

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Corporate Filing Menu

Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
AJ Group Distribution Con	(C ⁾
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
6/34 SW 25 St MIAMI FL 33/55	
MIAMI FL 33155	
	
ARTICLE III SHARES: The number of shares of stock is:	0 (
APTICLE IV INITIAL DIDUCTIONS	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE ALEXIS ANGEL DEL T	ENS:
THERES THEE	OLOLY
	×
ARTICLE V INITIAL REGISTERED AGENT AND STREET A	DORESS:
The name and Florida street address (PO Box not acceptable) of the registe	ered agent is:
Alexis Angel DEL TORO	·
6B4 SW 25 5+	:
Migny 1 72 33155	- (
ARTICLE VI INCORPORATOR: The name and address of the Inco	orporator is:
ALEXIS Angel DEL TOro	
6134 SW 255A	
MIANI II DOLAR	

EIN: 99-2286383

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 capacity

Registered Agen

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.

Incorporato

Date