

(SAMPLE LETTER OF TRANSMITTAL)

**P95000000513**

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: S + L Distributing, Inc.  
(name of corporation)

FILED  
JAN - 3 PM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

FOR INFO: 12/28/21  
-01.03.99-11199-001  
\*\*\*121.00 \*\*\*122.50

Jeff Kaufman  
(individual's name)

S + L Distributing Inc  
(name of corporation)

*Called Jeff & he  
said the name is  
S+L not S.L.  
and it was at N. Miami Beach*

MAILING ADDRESS OF CORPORATION		
18237 NE 4th Ct		
W.M.B FL 33162		
PHONE		
(305) 220 4047		
Area Code	Number	Ext.

## ARTICLES OF INCORPORATION

STL <sup>of</sup> Distributing, INC  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

STL Distributing, INC

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 Five Hundred shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>JEFF KAUFMAN</u>		
ADDRESS	<u>18237 NE 4th Ct</u>		
CITY	<u>NMB</u>	FLORIDA	<u>FLA.</u> ZIP <u>33162</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>STL Distributing, INC C/O Jeff Kaufman</u>		
ADDRESS	<u>18237 NE 4th Ct</u>		
CITY	<u>NMB</u>	FLORIDA	<u>FL</u> ZIP <u>33162</u>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>JEFF KAUFMAN</u>		
ADDRESS	<u>2215 NE 27th Trl</u>		
CITY	<u>Miami</u>	STATE	<u>FLA</u> ZIP <u>33133</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Jeff Kaufman		
ADDRESS	2715 SW 27 Ter		
CITY	MIAMI	STATE	FL ZIP 33133
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF \_\_\_\_\_ ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

FILED  
94 JAN -3 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE FLOR 32

S + L Distributing, INC  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 18237 NE 4th Ct  
NMB FL 33162

has named Jeff KAUFMAN

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Jeff Kaufman  
(registered agent)