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TRANSMITTAL LETTER

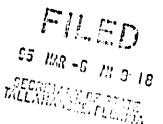
95 MAR - 9 71 9 18 TALLARIA TALLARIA

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

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SUBJECT:TOP DO	LLAR DISTRIBUT	ORS, INC.						
(Proposed corporate name - must include suffix)								
Enclosed is an origina for:	l and one (1) co	py of the articles o	f incorporation and a check					
= \$70.00	□ \$78.75	X \$122.50	\$131.25					
FROM:	Anthony	Melendez						
	Name	(printed or typed)						
	1235-0 P	rovidence Bouleva	rd					
		FL 32725						
	. 🖸	ty, State & Zip						
	(407) 860		_					
	Daytime	Telephone number						

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be:

TOP DOLLAR DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1235-0 Providence Boulevard Deltona, FL 32725

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred Thousand (100,000) common shares at \$1.00 par value each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony Melendez 1235-0 Providence Boulevard Deltona, FL 32725

ARTICLE V INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Anthony Melendez 1235-O Providence Boulevard Deltona, FL 32725

The undersigned	d incorporator(s) has(have) execut	ed these Articles of Incorporation this
lst		
	anthony meanda	
	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:_	TOP DOLLAR	DISTRIBUTORS,	INC.		
2. The name and address of the reg	istered agent	and office is:		_	
Anthony Melend	lez_		KE KE	ç;	المشمدة
	(Name)			E5	in the second of
1235-0 Provide	nce Boulevar	đ		į,	9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
	Box not accep				
Deltona, FL	32725		125 125	9	£ 120
	(City/State/Zip)		 :::::::	co co	
Having been named as registered ag above stated co poration at the place the appointment as registered agent to comply with the provisions of all st mance of my duties, and I am familiar as registered agent.	ent and to acc and agree to a atutes relating with and acce	Cept service of posting the service of posting the service of the	Process for , I hereby ity, I furth	the accep er agr	it ee rfor-
Onthony relende		1/1/95	ns or my p		-