

CORPORATION INFORMATION  
SERVICE, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32310  
904-222-9171  
904-222-0193 FAX

800-342-8086

**CSC networks**

MAIL TO:  
P.O. BOX 5020  
TALLAHASSEE, FL 32314

ACCOUNT NO. : 0721000000032

REFERENCE : 561680 8750A

AUTHORIZATION : *Patricia Poynt*

COST LIMIT : 970.00

ORDER DATE : March 16, 1995

ORDER TIME : 3:29 PM

ORDER NO. : 561680

CUSTOMER NO: 8750A

CUSTOMER: Jackie Beams, Legal Assistant  
WILLIAM R. HERRMAN, ESQ

Suite 110  
7523 Aloma Avenue  
Winter Park, FL 32792

2000001482252

RECEIVED  
MAR 16 PM 4:12  
CSC CORPORATION  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

*P95000021678*

NAME: I. B. DISTRIBUTORS, INC.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

*Pm*  
3-17-95  
01

FILED  
95 MAR 16 PM 8:45  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

I. B. DISTRIBUTORS, INC.

FILED  
95 MAR 16 AM 8 42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

I. B. DISTRIBUTORS, INC.

The address of the principal office of this corporation shall be 7523 Aloma Avenue, Suite 110, Winter Park, Florida 32792, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

ARTICLE VII. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of  
Corporation Information Services, Inc., has hereunto set  
their hand and seal of Corporation Information Services,  
Inc., on March 16, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Laura R. Dunlap  
Its Agent, Laura R. Dunlap

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida  
corporation authorized to transact business in this  
State, having a business office identical with the  
registered office of the corporation named above, and  
having been designated as the Registered Agent in the  
above and foregoing Articles, is familiar with and  
accepts the obligations of the position of Registered  
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Laura R. Dunlap  
Its Agent, Laura R. Dunlap

LRD/dks

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0191

800-342-8086

**CSC networks**  
PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

SECTION OF REGISTRATION

P95000021678

ACCOUNT NO. : 072100000032

REFERENCE : 574977 8750A

AUTHORIZATION :

*Patricia Pizute*

COST LIMIT : \$ 35.00

ORDER DATE : April 10, 1995

ORDER TIME : 3:18 PM

ORDER NO. : 574977

700001453007

CUSTOMER NO: 8750A

CUSTOMER: William R. Herrman, Esq  
William R. Herrman, Esq  
Suite 110  
7523 Aloma Avenue  
Winter Park, FL 32792

CHANGE OF AGENT

NAME: I. B. DISTRIBUTORS, INC.

55 APR 11 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Sebrene Randolph

4/11  
*987*  
*RA*  
*Change*

Charter No. P95000021670

Date Filed March 16, 1995

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: I. B. DISTRIBUTORS, INC.

2. The name and address of its present registered agent is:

**CORPORATION INFORMATION SERVICES, INC.**  
1201 Hays Street  
Tallahassee, Florida 32301

FILED  
95 APR 11 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


3. The name and street address to which its registered agent is to be changed is:  
EMILIO VENTURINI (P.O. BOX NOT ACCEPTABLE)  
440 CITRUS LANE, MAITLAND, FL 32751

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

EMILIO VENTURINI, PRESIDENT  
(Typed or printed name and title)

Signature



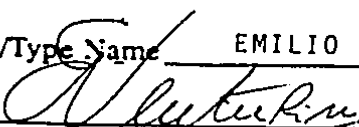
(President or Vice President)

Date MARCH 28, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name EMILIO VENTURINI

Signature



Date MARCH 28, 1995

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021678**

1. Corporation Name  
**I. B. DISTRIBUTORS, INC.**

**FILED**  
**96 OCT 18 PM 4:34**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**788 ALOMA AVE.**  
**SUITE 110**  
**ORLANDO FL 32808**

Mailing Address  
**788 ALOMA AVE.**  
**SUITE 110**  
**ORLANDO FL 32808**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**4815 W. COLONIAL DR.**  
**SUITE C.**

3. New Mailing Office Address, If Applicable

City & State  
**ORLANDO FL.**

Suite, Apt. #, etc.

City & State

Zip  
**32808**

Country  
**ORANGE**

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida  
**03/18/1995**

5. FEI Number

**59-3307132**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	EMILIO VENTURINI	440 CITRUS LN.	MAITLAND FL 32751
VICE PRESIDENT	EMILIO VENTURINI		
SECRETARY	MONICA VENTURINI	440 CITRUS LN.	MAITLAND FL 32751
TREASURER	MONICA VENTURINI		

**000001990150--3**  
**-10/30/96--01040-003**  
**\$\$\$383.75 \$\$\$383.75**

**BID-21-94**

8. Name and Address of Current Registered Agent

**VENTURINI, EMILIO**  
**440 CITRUS LANE**  
**MAITLAND FL 32751**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
**EMILIO VENTURINI**  
REGISTERED AGENT MUST SIGN

Date **OCT. 15. 96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **EMILIO VENTURINI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OCT. 15. 96** (407) 298 1500  
Date Daytime Phone #