P95000027655

TRANSMITTAL LETVER

Department of State Division of Corporation P. G. Box 6327 Tallahassee, FL 32314	15			95 AR -2
SUBJECT: UNITED		UPPLIES, CORP, name - must include su	ffix)	
Enclosed is an original for: \$\begin{align*}	and one (1) cop #78.75 Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy	ncorporation 131.2 Filing Fee Certified Co & Certificat	5 py
FROM:	C. Krigel Name (printed or typed)		-114	######################################
	10619 W. ATLANTIC BLVD.		# 127	
	CORAL SPR	Address RINGS, FL. 3307	71	
	C	ty, State & Zip		-

16/6/-J

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

Daytime Telephone number

835-5026

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:

UNITED PRODUCTS/SUPPLIES, CORP.

ARTICLE II PRINCIPAL OFFICE

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

10619 W. ATLANTIC BLVD. # 127 CORAL STRINGS, FL. 33071

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CELIA KPIGEL 10619 W. ATLANTIC BLVD. # 127 CORAL SPRINGS, FL. 33071

ARTICLE V INCORPORATORISI

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

CELIA KRIGEL

10619 W. ATLANTIC BLVD. # 127

CORAL SPRINGS, FL. 33071

30th.	day of	MARCH	19 95
/	Celia	Krige	l
Celia	Krigel	Signature	

Articles of Incorporation Filing Fee - \$35

Signature

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 corpor	ation is: UNITED PRODUC	TS/SUPPLIES, COR	,
			
2. The name and address	of the registered agent and	l office is:	
CEL	IA KRIGEL		
	(Name)		
106	19 W. ATLANTIC BLVD.	# 127 至6	95
	(P.O. Box not acceptable		≥:
COR	L SPRINGS FL 330	71	_ =
	(City/State/Zip)		<u>ယ ကြ</u>
] □ 8
United has a mand as man			
Having been named as reg above stated corporation at	' the place designated in th	is certificate. I berehv i	eccent
the appointment as register to comply with the provision	is ot all statutes relating to	The proper and comple	ta čartoi
mance of my duties, and I ar as registered agent.	n ramiliar with and accept	the obligations of my p	osition
	<i>2</i> 1		
Lelea Kri	gel	3/30/95	
(Signature)		(Date)	