# P9500035602 TRANSMITTAL LETTER

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

OCOCC1 470890 -05/02/95--01037--017 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CORAL SPRI	NGS DISTRIBUT	ORS, INC.	
(Proj	posed corporate n	amo - must include suffix)	
	Ind one (1) co	py of the articles of incorporation :	and a check
Filing Fee	x \$78.75 Filing Fee & Certificate	\$122.50 \$131.25  Filing Fee Filing Fee, Certified Copy & Certificate  Additional Copy Required	95 H2 1 - 171 95 H2 1 - 171
FROM:	MARK N. ROB	BINS	. co (2)
	Name (printed or typed)		9 G
	3208 N.W. 8	9 WAY	ntn
	Address		1.4.6
	CORAL SPRINGS, FL 33065		
	City, State & Zip		
	305 753-5058		
	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 Fiorida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

CORAL SPRINGS DISTRIBUTORS, INC.

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#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3208 N.W. 89 WAY CORAL SPRINGS, FL 33065

MAILING ADDRESS:

P.O. BOX 771735 CORAL SPRINGS, FL 33077-1735

#### ARTICLE III SHARES

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

7000 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARK N. ROBBINS

3208 N.W. 89 WAY

CORAL SPRINGS, FL 33065

# ARTICLE V INCORPORATORISI

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

MARK N. ROBBINS 3208 N.W. 89 WAY CORAL SPRINGS, FL 33065 C.E.O.

NANCY C. ROBBINS 3208 N.W. 89 WAY CORAL SPRINGS, FL 33065 PRESIDENT

DIVISION OF SHIP SECRETARY OF STATE SECRETARY OF STATE

22nd day of APRIL	19_ <sup>95</sup>
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x Markatheria	
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: CORAL SPRINGS DISTRIBUTORS, INC.		
	95117	
2. The name and address of the registered agent and office is:  MARK N. ROBBINS		
(Name)	: 56	
(P.O. Box or Mail Drop Box NOT acceptable)	•	
CORAL SPRINGS. FL 33065 (City/State/Zip)	·	

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 4/22/95 (Date)