

# P95000035672

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RECEIVED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAY -8 AM 10:17

*5/8/95*

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK \_\_\_\_\_

WALK-IN  
 Will Pick Up 5-8-1100

RE: A O Distributors, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
Corp. Record Search	_____	_____
Ltd. Partnership File	_____	_____
Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)	_____	_____
Art. of Amend. File	_____	_____
Dissolution/Withdrawal	_____	_____
C U S-	_____	_____
Fictitious Name File	_____	_____
Name Reservation	_____	_____
Annual Report/Reinstatement	_____	_____
Reg. Agent Service	_____	_____
Document Filing	_____	_____
Corporate Kit	_____	_____
Vehicle Search	_____	_____
Driving Record	_____	_____
Document Retrieval	_____	_____
UCC 1 or 3 File	_____	_____
UCC 11 Search	_____	_____
UCC 11 Retrieval	_____	_____
File No.'s, _____ Copies	_____	_____
Courier Service	_____	_____
Shipping/Handling	_____	_____
Phone ( )	_____	_____
Top Priority	_____	_____
Express Mail Prep.	_____	_____
FAX ( ) pgs.	_____	_____
<b>SUBTOTALS</b>	_____	_____

200001475062  
 -05/08/95--01066--001  
 \*\*\*122.50 \*\*\*122.50

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION  
OF  
A O DISTRIBUTORS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -8 AM 10: 17

**THE UNDERSIGNED SUBSCRIBER**, acting as incorporator of the corporation pursuant to F.S. § 617, adopts the following Articles of Incorporation:

**ARTICLE I**

The name of this corporation is **A O DISTRIBUTORS, INC.**

**ARTICLE II**

This corporation shall have a perpetual existence.

**ARTICLE III**

The corporation is organized to engage in distribution of antioxidants and any other business or purpose that is lawful under the laws of the State of Florida.

**ARTICLE IV**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares of common stock, having no par value.

**ARTICLE V**

The amount of capital with which this corporation will begin business is not less than \$500.00.

**ARTICLE VI**

The principal place of business of this corporation in the State of Florida is 14611 Sabal Drive, Miami Lakes, Florida 33014-2546.

**ARTICLE VII**

This corporation shall have one director initially. The number of directors may be either increased or decreased from time to time by amendment to the By-Laws, but shall never be less than one. The name and address of the initial director of this corporation is:

**NAME**

ARNOLD FRIEDMAN

**ADDRESS**

14611 Sabal Drive  
Miami Lakes, FL 33014-2546

**ARTICLE VIII**

The name and address of the initial Registered Agent at such address is:

**NAME**

ARNOLD FRIEDMAN

**ADDRESS**

14611 Sabal Drive  
Miami Lakes, FL 33014-2546

**ARTICLE IX**

The name and address of the Incorporator of these Articles of Incorporation is:

**NAME**

ARNOLD FRIEDMAN

**ADDRESS**

14611 Sabal Drive  
Miami Lakes, FL 33014-2546

**ARTICLE IX**

The corporation reserves the right to amend, alter, change or repeal any or all of the provisions contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute.

DATED this 5 day of May, 1995.



ARNOLD FRIEDMAN

**SWORN TO AND SUBSCRIBED** before me this 5<sup>th</sup> day of May, 1995, by ARNOLD FRIEDMAN, who executed the foregoing Articles of Incorporation, and who acknowledged that he executed same for the purposes expressed therein, and an oath was taken.

- ☒ Said person(s) are personally known to me.  
☐ Said person(s) produced the following type of identification:  
☐ Florida Driver's License(s)  
☐ Other \_\_\_\_\_

**WITNESS** my hand and official seal in Dade County, State of Florida.

My Commission Expires:

  
Signature of NOTARY PUBLIC

Printed Name of Notary  
OFFICIAL NOTARY SEAL  
FRANCIS EDWARD HOLDEN JR.  
NOTARY PUBLIC STATE OF FLORIDA  
NO. CC354606  
MY COMMISSION EXP. MAR. 31, 1998

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -8 AM 10:17

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: A O DISTRIBUTORS, INC.  
\_\_\_\_\_  
\_\_\_\_\_

2) The name and address of the Registered Agent and Office is:  
14611 SABAL DRIVE  
MIAMI LAKES, FL 33014  
\_\_\_\_\_  
\_\_\_\_\_

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.

  
ARNOLD FRIEDMAN

5/5/95  
DATE