# P95000048986 TRANSMITTAL LETTER

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

900001518319 -06/20/95--01120--007 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Consumer Discounters of America, Inc.

Enclosed is an origifor:	nal and one (1) co	py of the articles of	f incorporation	and a chec	k
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required	50 G	50 Provided in 1885
FROM	n: <u>Debi</u>	ra A.Zalma	an		Collection (Screen
	Name	(printed or typed)		11 - 73	·
	11460	NW 30 .	Street		j
	Sunrise	2,Fl. 33	323	•	
	(305)	y, State & Zip 748 – <i>3</i> 29 <u>3</u>	3		
	Daytime	Telephone number		(2	
	<b>,</b>	R96-	35\$5 C	200	

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

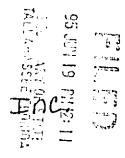
### ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

Consumer Discounters of America,



#### ARTICLE II PRINCIPAL OFFICE

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

10117 W. Oakland Park Blvd. Suite 382 Sunrise, Fig. 33351

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

100 COMMON SHARES AT \$1.00 PAR

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Debra A. Zalman 11460 N.W. 30 St. Sunrise, Fl. 33323

#### ARTICLE V INCORPORATOR(S)

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

Debra A. Zalman William C. Zalman 11460 N.W. 30 Street Sunrise, Fl. 33323

The undersigned	incorporator(s)	has(have) execu	ted these Articles	of Incorporation this
14+p	day of	June		.•
	Debra	0. Za	lman	
	William	- 0/1	mon/	<u> </u>
		Signature		<del></del>

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: CONSUMER DIS	counters
	Of America,	Inc.
2.	The name and address of the registered agent and office is:	
	Debra A. Zalman	
	11460 NW 30 Street	
	(P.O. Box or Mail Drop Box NOT acceptable)	- Silver
	Sunrise, Fl. 33323	To The
	(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.

Oebra G. Zalman 6/14/95 (Date)