

P95000053972

TRANSMITTAL LETTER

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

800001527538
-06/29/95--01088--001
*****70.00 *****70.00

SUBJECT: FAC CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and check for :

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FILED
1995 JUL - 7 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: BETTY CONNELL
Name (printed or typed)
9235 PINE FOREST ROAD
Address
PENSACOLA, FLORIDA 32534
City, State & Zip
904) 494-6607
Daytime Telephone number

W-13668
502
F. GHESSER JUL 13 1995

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 5, 1995

BETTY CONNELL
9235 PINE FOREST ROAD
PENSACOLA, FL 32534

SUBJECT: FAC CORPORATION
Ref. Number: W95000013468

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FAC CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 495A00032452

7h - Revised to FAC Distributors, Inc

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:

FAC DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9235 PINE FOREST ROAD
PENSACOLA, FLORIDA 32534

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BETTY CONNELL
9235 PINE FOREST ROAD
PENSACOLA, FLORIDA 32534

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ARTICLE V INCORPORATOR(S)

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

BETTY CONNELL
9235 PINE FOREST ROAD
PENSACOLA, FLORIDA 32534

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27TH day of JUNE, 1995.

Betty Connell
Signature

Signature

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: FAC DISTRIBUTORS, INC.

2. The name and address of the registered agent and office is:

BETTY CONNELL
(Name)
9235 PINE FOREST ROAD
(P.O. Box ~~not~~ acceptable)
PENSACOLA, FLORIDA 32534
(City/State/Zip)

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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.

Betty Connell
(Signature)