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TRANSMITTAL LETTER

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

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300001527543 -06/29/95--01088--002 *****70.00 *****70.00

SUBJECT: MLW CORPORATION	
(Proposed corporate name - must include suffix)	
Enclosed is an original and one (1) copy of the articles of incorporation and ARA CORE -7 PH I	•
FROM: BETTY CONNELL	
Name (printed or typed)	
9235 PINE FOREST ROAD Address	
PENSACOLA, FLORIDA 32534	
City, State & Zip	1
904)494-6607	
PENSACOLA, FLORIDA 32534 City, State & Zip 904) 494–6607 Daytime Telephone number	
502	

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

F. CHESSER JUL 1 3 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 5, 1995

BETTY CONNELL 9235 PINE FOREST ROAD PENSACOLA, FL 32534

SUBJECT: MLW CORPORATION Ref. Number: W95000013469

FILED
1995 JUL -7 PH 12: 03
SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

We have received your document for MLW CORPORATION and your check(s) totaling \$70.00. However, the sed 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: 695A00032452

To Revised to MLW 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 | NAME

The name of the corporation shall be:

MLW DISTRIBUTORS, INC.

FILED

1995 JUL -7 PK 12: 0'
SEGRETARY OF STATE
TALLAHASSEE, FLORIDI

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

ARTICLE V INCORPORATORISI

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

he undersigned	incorporator(s) has(have) executed these Articles of Incorporation
27TII	day of, 19 95
- ,	Delly Cornell
<u></u>	Signature
·	Signaturo

Articles of Incorporation Filing Fee - \$35

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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 nam	e of the corporation is: MLW DISTRIBUTORS, INC.			_
2 The same				
2. The name	e and address of the registered agent and office is:	ZK R	33	
	BETTY CONNELL	ES.	S	70
	(Name)	TAR ASS	١- ٦	7
	9235 PINE FOREST ROAD	<u> </u>	⊋	
	(P.O. Box not acceptable)	101A	₩.	
	PENSACOLA, FLORIDA 32534		03	
	(City/State/Zip)			
Unida boo				
above state	n named as registered agent and to accept service of produced comporation at the place designated in this certificate, ment as registered agent and agree to act in this capacitifith the provisions of all statutes relating to the proper any duties, and I am familiar with and accept the obligations	ocess fo I hereby	or the Becc	ept
to comply w	ith the provisions of all statutes relating to the proper an	y, Tiurti d compi	er ag lete p	gree jerfor
as registere	d agent.	s of my	posil	ion
Ω	0			
12	· (Signature)			

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAF: \SSEE, FL