

P95000053988

TRANSMITTAL LETTER

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

600001527546  
-06/29/95--01088--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

FILED  
1995 JUL -7 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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-13466

502

F. CHESSEB JUL 13 1995

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:

MAJ DISTRIBUTORS, INC.

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TALLAHASSEE, FLORIDA

### 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 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: MAJ 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)