

P95000061256

TRANSMITTAL LETTER

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

SUBJECT: MARQUEZ DE PARRA DISTRIBUTORS INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ARMANDO PARRA
Name (printed or typed)

4319 SW 156 PLACE
Address

MIAMI, FLA. 33125
City, State & Zip

305 245 4600
Daytime Telephone number

FILED
95 AUG -8 AM 8:43
TALLAHASSEE, FLORIDA

900001527459
-06/29/95--01083--010
****131.25 ****131.25

JUL 5 1995

510,691

W95-13503

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

AUG 9 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 5, 1995

ARMANDO PARRA
4319 S.W. 156 PLACE
MIAMI, FL 33185

SUBJECT: MARQUEZ DE PARRA DISTRIBUTORS INC.
Ref. Number: W95000013503

We have received your document for MARQUEZ DE PARRA DISTRIBUTORS INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide an English translation for the entity's name in your cover letter.

The document must state the number of shares of authorized stock.

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) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 895A00032499

ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MARQUEZ DE PARRA DISTRIBUTORS INC.

MARQUEZ IS MY WIFE'S MAIDEN NAME PARRA IS
THE COMPANY'S PRESIDENT'S LAST NAME.

ARTICLE II PRINCIPAL OFFICE

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

4319 SW 156 PLACE

MIAMI, FLA. 33185

ARTICLE III SHARES

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

~~100~~ 300 SHARES OF Common Stock!

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARMANDO PARRA

4319 SW 156 PLACE

MIAMI, FLA. 33185

CORPORATE PURPOSE . .

NOTES

THE OBJECTIVE OF MARQUEZ DE PARRA DISTRIBUTORS INC., IS TO WORK AND PERFORM LEGAL BUSINESS UNDER A STATE OF FLORIDA ISSUED 4 C.O.P. LIQUOR LICENSE.

THE FOREGOING PURPOSE AND ACTIVITY WILL BE INTERPRETED AS AN EXAMPLE ONLY AND NOT AS LIMITATIONS, AND NOTHING THEREIN SHALL BE DEEMED AS PROHIBITING THE CORPORATION FROM EXTENDING ITS ACTIVITY TO ANY RELATED OR OTHERWISE PERMISSIBLE LAWFULL BUSINESS PURPOSES WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIRABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES EXPRESSED ABOVE.

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ROSARIO MARQUEZ PARRA

4319 SW 156 PLACE

MTA. FLA. 33185

ARMANDO PARRA

4319 SW. 156 PLACE

MTA. FLA. 33185

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

18 day of JUNE, 19 95.

Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: MARQUEZ DE PARRA DISTRIBUTORS
INC.

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

ARMANDO PARRA
(NAME)
439 SW. 156 PLACE
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)
MIAMI, FLA. 33185
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(SIGNATURE)

JUNE 18, 95
(DATE)