## P95000065397

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

SUBJECT: KL DISTRIBUTING INC.

4.00001565664 -08/22/95--01025--012 \*\*\*\*131.25

	(	Proposed corporate	name - must include su	ffix)					
Enclos	osed is an original and one (1) copy of the articles of incorporation						<u></u>		
	\$70.00 Filing Fee	Siling Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required	RY OF STATE SSEE, FLORIDA	22 相 8 36	LEU		
	FROM:	FROM: KIRBY JULIAN Name (printed or typed)							
11395 6610 STELLT NORTH									
		LARLC, F	LORIDA 34 y, State & Zip	643-5523					
			- 35 55 Telephone number	<del></del>					

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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.

The name of the corporation shall be:

KL DISTRIBUTION IN SECRETARY OF STREET AND SECRETARY OF SECRETARY OF SECRETARY OF SECRE

ARTICLE III SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

KIRBY JUIZAN EGGS WOODCREST DR. PORTRICHLY, FL 34669

## 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):

KIRBY ILIAN 860S LUCOPCRIST DO PORT RICHLY, FL

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

day of Access 1995

Men's Julian 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 na	ame of the corporation is:	KL DISTRIBUTING	<u> </u>			
2. The n	ame and address of the regi	stered agent and office is:	<del>-</del>		<del></del> -	
	KIRBY JULIAN (NAME)				1995 AUG 22	F.
	8665 (PO.B	OX OF Mail Drop Box NOT ACCEPTABLE)	<del></del>	SSEE. FLI	2	LED
	Port Rici	CCTY/STATE/ZIP)		SHATE	æ 36	

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.

Day Dulan E/15/45
(SIGNATURE) (DATE)