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JOHN O'BERRY
(Requestor's Name)

P.O. Box 1208
(Address)

INVERNESS FL 34451-1208
(City, State, Zip) (Phone #)

100001582881
-09/12/95--01015--000
*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. L.A. DISTRIBUTORS, INC. OF INVERNESS
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

D. BROWN SEP 12 1995

FILED
25 SEP 1961
FBI - MIAMI

ARTICLES OF INCORPORATION

OF

L A DISTRIBUTORS OF INVERNESS, INC.

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is L A DISTRIBUTORS OF INVERNESS, INC.

7101 EAST CALYPSO LOOP
INVERNESS, FLORIDA 34451

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE HUNDRED [100] shares of Fifty Dollars [\$50.00] par value Common Stock, which shall be designated "Common Shares."

ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of this corporation is:

NAME: JOAN O'BERRY
ADDRESS: 7101 EAST CALYPSO LOOP
CITY: INVERNESS, FLORIDA 34451

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director of the corporation is as follows:

NAME: JOAN O'BERRY
ADDRESS: P. O. BOX 1208
CITY: INVERNESS, FLORIDA 34451-1208

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 1st day of August, A. D. 1995.

 [SEAL]
Joan O'Berry

STATE OF FLORIDA
COUNTY OF CITRUS

BEFORE ME, a notary public authorized to take acknowledgments in the State and County aforesaid, personally appeared JOAN O'BERRY, well known to me and known to me to be the person who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed said Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1st day of August, A. D. 1995.

Marion L. Duncan
Notary Public, State of Florida

MARION L. DUNCAN
NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: SEPT. 7, 1998
COMMISSION # CC404279

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

L A DISTRIBUTORS OF INVERNESS, INC

(must include suffix)

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

JOAN O'BERRY

(NAME)

7101 EAST CALYPSO LOOP

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

INVERNESS, FLORIDA 34451

(CITY/STATE/ZIP)

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.

Joan O'Berry
(SIGNATURE)

Sept 11, 1995
(DATE)

FILED
SEP 12 1995
TALLAHASSEE, FLORIDA