

PG 16000001811
TRANSMITTAL LETTER

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

SUBJECT: DISTRIBUIDORA LATINOAMERICANA, INC.
(Proposed corporate name - must include suffix)

FILED
56 JAN - 2 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MARIA SALAZAR
Name (printed or typed)

8060 S.W. 159 PLACE
Address

MIAMI FLORIDA 33193
City, State & Zip

305-275-9885
Daytime Telephone number

300001666453
-12/20/95--01025--009
*****78.75 *****78.75

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 27, 1995

MARIA SALAZAR
8060 SW 159TH PLACE
MIAMI, FL 33193

SUBJECT: DISTRIBUIDORA LATINOAMERICANA, INC.
Ref. Number: W95000024996

We have received your document for DISTRIBUIDORA LATINOAMERICANA, INC. and check(s) totaling \$78.75. 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.

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) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 095A00055439

TRANSMITTAL LETTER

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

FILED
JAN - 2 1989
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: LATINOAMERICAN DISTRIBUTOR, INC.
DISTRIBUIDORA LATINOAMERICANA, INC. - English Translation
(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: MARIA SALAZAR
Name (printed or typed)
8060 S.W. 159 PLACE
Address
MIAMI FLORIDA 33193
City, State & Zip
305-275-9885
Daytime Telephone number

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.

FILED
MAR-29 PM 11:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

DISTRIBUIDORA LATINOAMERICANA, INC.

ARTICLE II PRINCIPAL OFFICE

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

**1920 EAST 4 AVENUE
HIALEAH FL. 33010**

ARTICLE III SHARES

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

**500 SHARES OF COMMON STOCK HAVING OF \$1.00
PAR VALUE PER SHARE**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MARIA SALAZAR
8060 S.W. 159 PLACE
MIAMI FL. 33193**

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):

**JAIME GARCIA
8060 S.W. 159 PLACE
MIAMI FL. 33193**

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

14 day of DECEMBER, 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: LATINOAMERICAN DISTRIBUTOR, INC.
DISTRIBUIDORA LATINOAMERICANA, INC.

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

MARIA SALAZAR

(NAME)

8060 S.W. 159 PLACE

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

MIAMI FLORIDA 33193

(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.

Maria Salazar
(SIGNATURE)

DECEMBER-14-1995
(DATE)

**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.

LATINOAMERICAN DISTRIBUTOR, INC.

1. The name of the corporation is: _____

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

MARIA SALAZAR

(NAME)

8060 S.W. 159 PLACE

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

MIAMI FLORIDA 33193

(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.

Maria Salazar
(SIGNATURE)

DECEMBER-14-1995

(DATE)