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

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SUBJECT: DRAMIS BROTHERS DISTRIBUTING, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: MICHAEL V. DRAMIS 4418 ATLANTIC AVE. SARASOTA, FLORIDA 34233

TELEPHONE: 941-923-3973

Sincerely,

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

DRAMIS BROTHERS DISTRIBUTING, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporations shall be: 4418 ATLANTIC AVE.

SARASOTA, FLORIDA 34233

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ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 AT \$1.00 PAR VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL V. DRAMIS 4418 ATLANTIC AVE. SARASOTA, FLORIDA 34233

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MICHAEL V. DRAMIS 4418 ATLANTIC AVE. SARASOTA, FLORIDA 34233

The undersigned incorporator has executed these Articles of Incorporation this

__ day of

19 96

Signature:

AFI-V DRAMIS

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:

DRAMIS BROTHERS DISTRIBUTING, INC.

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

MICHAEL V. DRAMIS 4418 ATLANTIC AVE. SARASOTA, FLORIDA 34233

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:

MACHAEL V MOANUE

Date:

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SECKETARY OF STATE
FALLAHASSEE, FLORIDA