P96000085559 (SAMPLE LETTER OF TRANSMITTAL)

DATE October 9, 1996

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

	95 OCT 114 121 8:1	TILED
ESE Heli	1-8	

Re: J.D.S. Distributors, Inc. (Name of Corporation) , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

(Individual's Nam Deborah A. Stumpf

J.D.S. Distributors, Inc.,
(Name of Corporation)

AL OCT 1 6 1996

PHONE

PHONE

PHONE

Area Code

MANLING ADDRESS OF CORPORATION

POST Office Box 2648

PHONE

Est.

ARTIC	LES OF INCORPORATION	
•	of	FILED
J.D.S. Distributors,	Inc.	
	(name of corporation)	95 OCT 14 14 8:48
The undersigned acting as the incorporators of the following articles of incorporation for such corporation articles of incorporation for such corporation for such corporations are such corporations as the incorporators of the following articles of incorporation for such corporations are such corporations are such corporations are such corporations are such corporations.	f a corporation under the Florida Busin poration:	ness Cutification Act, hdops(s))
ARTI The name of the corporation is:	ICLE I - CORPORATE NAME	
-	stributors, Inc.	
	ARTICLE II - DURATION	
This corporation shall exist perpetually unless of	dissolved according to Florida law.	
A	RTICLE III - PURPOSE	
The corporation is organized for the purpose of United States and the State of Florida.	engaging in any activities or business	permitted under the laws of the
ARTI	CLE IV - CAPITAL STOCK	
The corporation is authorized to issue 100	· · · · · · · · · · · · · · · · · · ·	\$1.00
		per share.
The street address of the initial principal office a	/ - INITIAL PRINCIPAL OFFICE and, if different, the mailing address is	
STREET ADDRESS 2108 Jonathan Lane	Post Office Box	2648
Winter Haven, Fl 338		
CITY	FLORIDA	
Mailing address, if different	TEORIDA	ZIP
STREET ADDRESS Post Office Box 264	18	
		our flotte i Austria i Sirita, kill fjeli er. Nykara i Kolonia i Bratis i Sirita
CITY Winter Haven	FLORIDA F1	22000 054
		ZIP 33880-264
	L REGISTERED OFFICE AND AC	
The street address of the initial registered off	ice and the name of the initial regis	stered agent at the office is:
NAME Deborah A. Stumpf		

ADDRESS 2108 Jonathan Lane

CITY Winter Haven

FLORIDA

ZIP 33884

ARTICLE VII - II	NITIAL BOARD OF DIRECTO)RS
This corporation shall have either increased or diminished from time to time by the addresses of the initial director(s) of the corporation are	Rv-Lawe but shall never be less	. The number of directors may than one (1). The names and
NAME Doborah A. Stumpf		
ADDRESS 2108 Jonathan Lane		
CITY Winter Haven	STATE F1	ZIP 33884
NAME James B. Stumpf	· · · · · · · · · · · · · · · · · · ·	
ADDRESS 2108 Jonathan Lane		
CITY Winter Haven	STATE F1	ZIP 33884
NAME		
ADDRESS		200
CITY	STATE	ZIP
The names and addresses of the incorporators signing the NAME Deborah A. Stumpf	se Articles of Incorporation are a	s follows:
ADDRESS 2108 Jonathan Lane		
CITY Winter Haven	STATE F1	
NAME	SIME FI	ZIP 33884
ADDRESS		
CITY	STATE	<u> </u>
NAME	SAIL CONTRACTOR OF THE PROPERTY OF THE PROPERT	ZIP
ADDRESS		
CITY	STATE	ZIP
he undersigned incorporator(s) have executed these		9th
ay of <u>October</u>	Atticles of incorporation this, 19	
	Ochoral 1	\mathbf{Z}^{\prime}
	THE TAX THE	Huma (Signature)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

96 OCT 11 AH 8: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	(name of corpo	oration)			
.	1			. •	
Pursuant to Florida Statutes Section	ns 48.091 and 607	.0501, the follow	ving is s	ubmitte	d:
The above corporation, organized t	inder the laws of	he State of Flori	da with	its regis	tered office
as indicated in the Articles of Incor	poration		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iorea Offici
at 2108 Jonathan Lane				* * .	
Winter Haven, Fl. 3388	4		······································		
has named Deborah A. Stum	pf				
located at the aforesaid address, as i	its registered agen	t to accept servi	ce of pro	cess wi	thin this
state.					
•					

J.D.S. Distributors, Inc.

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.

Debroad A Stumpf October 9, 1996
(Signature) (Date)