417 E. Virginia St., Suite 1, Tallahausce, FL 32301, (904)224-8870 Malling Address: Post Office Box 10349, Tallabasee, FL 32302 Can TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222 C.C. FEE. DISOURSED Copital Express** ∠Art. of Inc. File NAME ______ Corp. Record Search FIRM __ _ Lid. Parinorship File ADDRESS _____ Foreign Corp. File () 99 I. Qopy(a).

Art, of Amend, File PHONE (Dissolution/Withdrawal _ C U 8- __ Regular_ Service: Top Priority_ Fictitious Name File One Day Service Two Day Service Roturn vla To us via __ _ Annual Report/Reinstatemon นี้ * * * * 7ปั : 00 - * * * + * * + * "ปี : 8ป <u>~01019~012</u> _ Rog. Agent Service Mallor No.: _____ Express Mail No. ____ _ Document Filing Sinio Fee \$ _____ Our \$ _ Corporate Kit _ Vahicla Search Dilving Record **Document Retrieval** UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval

REQUEST TAKEN CONFIRMED APPROVED

DATE /// CK No. _____

WALK-IN WIII Pick Up/6:00

16-7579-7 PONDER'S PIC., THOMASVELE, GA.

AV 1/13

Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum,

... File No.'s, Copies

DISBURSED.....

SURCHARGE.....

TAX on corporate aupplies......

PREPAID.....

BALANCE DUE.....

Courier Service ____ Shipping/Handling Phone () Top Prior by ____ Express M. 'I Prep. _

- FAX ()

SUBTOTALS _

THANK YOU from Your Capital Connection

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.

ARTICLE I - NAME

The name of the corporation shall be: NATIONWIDE DISTRIBUTION CENTER, INC.



ARTICLE II - PRINCIPAL OFFICE

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

7937 Southwest 105th Place Miami, Florida 33173

ARTICLE III - SHARES

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

100 Shares/Par Value of \$1.00

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Craig E. Weissberg, Esquire 7937 Southwest 105th Place Miami, Florida 33173

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(s) of the incorporator(s) to these Articles of Incorporation is(are):

NOT ELECTED YET

President

NOT ELECTED YET

Vice-President

NOT ELECTED YET

Treasurer

NOT ELECTED YET

Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ______ day of November, 1996.

Craig R. Weissberg, Esquire

STATE OF FLORIDA, DADE County ss:

I hereby certify that on this day, before me an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared CRAIG E. WEISSBERG to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same for the purpose therein expressed and who presented _____ as identification and did take an oath.

WITNESS my hand and official seal in the county and state aforesaid this _///_ day of November, 1996.

Sou las

Notary Public - State of Florida

My Commission Expires:



BARBARA L ZUKOWSKI My Commission CC263367 Expires Mar 09, 1997 Huckleberry Associates Inc 800-422-1555

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE 4/

Pursuant to the provisions of Section 607.0501 or 617.0501, Worlda Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1. The name of the corporation is: NATIONWIDE DISTRIBUTION CRNTER, INC.
- 2. The name and address of the registered agent and office is:

Craig E. Weissberg, Esquire 7937 SOuthwest 105th Place Miami, Florida 33173

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.

Craig B. Weissberg, Esquire

STATE OF FLORIDA, DADE County ss:

I hereby certify that on this day, before me an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared CRAIG E. WEISSBERG to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same for the purpose therein expressed and who presented ______ as identification and did take an oath.

WITNESS my hand and official seal in the county and state aforesaid this ______ day of November, 1996.

Notary Public - State of Florida

My Commission Expires:

