

P960000095252

TRANSMITTAL LETTER

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

SUBJECT: WHISTLE DISTRIBUTING COMPANY, INC  
(proposed corporate name)

500002007435--2  
-11/19/96--01020--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed please find original and one (1) copy of the articles of incorporation for the  
above corporation check in the amount of \$ 70.00.

FROM:

Name TOM MCLEAN  
Address 4503 IRVINGTON AVE. #6  
JACKSONVILLE, FL. 32210  
City, State, & Zip  
( 904 ) 387-6441  
Telephone Number

FILED  
96 NOV 18 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

*JP 11/21/96*

**ARTICLES OF INCORPORATION**

**OF**

**THISTLE DISTRIBUTING COMPANY, INC.**

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**  
96 NOV 18 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

THISTLE DISTRIBUTING COMPANY, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

4503 IRVINGTON AVENUE, #6, JACKSONVILLE, FL. 32210

**ARTICLE III CAPITAL STOCK**

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

1000 SHARES OF COMMON STOCK

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

TOM McLEAN  
4503 IRVINGTON AVENUE, #6  
JACKSONVILLE, FL. 32210

**ARTICLE V INCORPORATOR(S)**

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

NORMA R. McLEAN  
3899 VALENCIA ROAD  
JACKSONVILLE, FL. 32205

THOMAS McLEAN  
3899 VALENCIA ROAD  
JACKSONVILLE, FL. 32205

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

15th day of NOVEMBER, 19 96.

Norma R. McLean  
Signature/Title

PRESIDENT/INCORPORATOR

Thomas McLean  
Signature/Title

VICE-PRESIDENT/INCORPORATOR

\_\_\_\_\_  
Signature/Title

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

**FILED**

96 NOV 18 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: THISTLE DISTRIBUTING COMPANY, INC.

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

TOM McLEAN

(NAME)

4503 IRVINGTON AVE. #6

(P.O. BOX NOT ACCEPTABLE)

JACKSONVILLE, FL. 32210

(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

SIGNATURE Norma R. McLean  
(corporate officer)

TITLE PRESIDENT/ INCORPORATOR

DATE 11/15/96

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 Tom McLean

DATE 11/15/96

REGISTERED AGENT FILING FEE: \$35.00