

P97000014456  
TRANSMITTAL LETTER

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

400002083104--2  
-02/11/97--01025--001  
\*\*\*\*105.00 \*\*\*\*105.00

SUBJECT: ASSOCIATED WHOLESALE DISTRIBUTORS, INC.  
(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    ☐ \$78.75    ☐ \$122.50    ☐ \$131.25

000002090650--9  
-02/18/97--01064--016  
\*\*\*\*17.50 \*\*\*\*17.50

FROM: JUDITH PERLMUTTER  
Name (printed or typed)

7597 NW. 86<sup>TH</sup> TERRACE  
Address

TAMARAC, FL. 33321  
City, State & Zip

954-726-1344  
Daytime Telephone number

SEAL  
TALLAHASSEE, FLORIDA

97 FEB 14 AM 9:09

FILED

W97-3344

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



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

February 11, 1997

**JUDITH PERLMUTTER**  
7597 NW 86TH TERR.  
TAMARAC, FL 33321

**SUBJECT: ASSOCIATED WHOLESALE DISTRIBUTORS, INC.**  
Ref. Number: W97000003344

We have received your document for ASSOCIATED WHOLESALE DISTRIBUTORS, INC. and check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The corporate fees are as follows:

**CORPORATIONS FILING FEES**

Profit and NonProfit  
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

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) 487-6052.

Sandy Ng  
Document Specialist

Letter Number: 297A00007150

ARTICLES OF INCORPORATION

OF

ASSOCIATED WHOLESALE DISTRIBUTORS, 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.

ARTICLE I NAME

The name of the corporation shall be:

ASSOCIATED WHOLESALE DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

7597 NW. 86<sup>TH</sup> TERRACE  
TAMARAC, FL. 33321

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUDITH PERLMUTTER  
7597 NW. 86<sup>TH</sup> TERRACE  
TAMARAC, FL. 33321

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

JUDITH PERLMUTTER  
7597 NW. 86<sup>TH</sup> TERRACE  
TAMARAC, FL. 33321

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

7<sup>TH</sup> day of FEBRUARY, 1997.

Judith Perlmutter  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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: ASSOCIATED WHOLESALE

DISTRIBUTORS, INC.

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

JUDITH PERLMUTTER

(Name)

7597 NW. 86<sup>TH</sup> TERRACE

(P.O. Box not acceptable)

TAMARAC, FL. 33321

(City/State/Zip)

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*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.*

Judith Perlmutter  
(Signature)