

P97000015137

TRANSMITTAL LETTER

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

SUBJECT: ASSOCIATED DISTRIBUTORS, INC.  
(Proposed corporate name - must include suffix)

700002070237--2  
-01/28/97--01085--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

DELOY A. DAVIS

Name (printed or typed)

12025 N.W. 10TH AVENUE

Address

MTAMT, FLORIDA 33168

City, State & Zip

305/653-9199

Daytime Telephone number

FILED  
97 FEB 14 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 4, 1997

DELRAY A. DAVIS  
12025 NW 10TH AVENUE  
MIAMI, FL 33168

SUBJECT: DELROY A. DAVIS  
Ref. Number: W97000002706

We have received your document for DELROY A. DAVIS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must be identical throughout the document.

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) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 497A00005699

THE CORPORATE NAME IS: ASSOCIATED DISTRIBUTORS, INC.

**FILED**

**ARTICLES OF INCORPORATION** 97FEB 14 PM12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 DISTRIBUTORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

12025 N.W. 10TH AVE  
MIAMI, FL 33168

**ARTICLE III SHARES**

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

500 SHARES @ \$1.00 PER SHARE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

DELROY A. DAVIS  
12025 N.W. 10TH AVE.  
MIAMI, FL 33168

**ARTICLE V INCORPORATOR(S)**

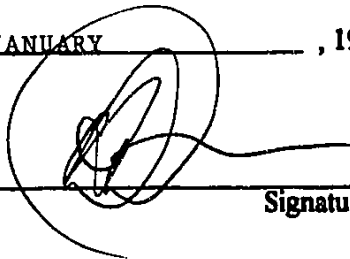
**See instructions for officers/directors**

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

DELROY A. DAVIS, PRESIDENT  
12025 N.W. 10TH AVE  
MIAMI, FL 33168

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

21st day of JANUARY, 19 97.



Signature

Signature

Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**FILED**  
7 FEB 14 PM 12:48

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

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: ASSOCIATED DISTRIBUTORS, INC.

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

DELROY A. DAVIS

(NAME)

12025 N.W. 10TH AVE., MIAMI, FL  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 33168

(CITY/STATE/ZIP)

*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)

1/22/97

(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**