# 797000054737

	ATE INDUSTRIES, INC. tor's Name	
MIAMI, FLORIDA City/State/Zip	ENUE, SUITE: 16 Address  33174 (305)552-5973 Phone # TATIVE TALLAHASSEE	5000022158153 -06/18/9701062017 ****122.50 ****122.50 Office Use Only
CORPORATION NA  OFFICE  (Corporation of the corporation of the corpora	ME(S) & DOCUMENT NU	MBER(S), (if known):  SROLLP  Document #)
3	,	Document #)
(Corporal	,	Document #)  Document #)  S  S  S  S  Document #)
	Pick up time	_ Certified Copy
Profit  NonProfit  Limited Liability  Domestication  Other	Amendment  Resignation of R.A., Officer/ D  Change of Registered Agent  Dissolution/Withdrawal  Merger	
Annual Report  Fictitious Name  Name Reservation  K.R. JUN 2 0 1997	Foreign Limited Partnership Reinstatement Trademark	RECEIVED 97 JUN 18 AM ID: 34 DIVISION OF CORPORATION
M.M. July 2 0 1751	Other	

Examiner's Initials

CR2E031(1/95)



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

June 18, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: ALL STATE DISTRIBUTORS INC.

Ref. Number: W97000014309

We have received your document for ALL STATE DISTRIBUTORS INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 997A00032617



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

June 19, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE SUITE 16 MIAMI, FL 33174

SUBJECT: GATOR DISTRIBUTORS INC.

Ref. Number: W97000014309

We have received your document for GATOR DISTRIBUTORS INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or

If you have any questions concerning the filling of your document, please catter (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 697A000328710

## ARTICLES OF INCORPORATION

Br the ation.

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 | NAME

The name of the corporation shall be:

GATOR DISTRIBUTORS GROUP INC.

### ARTICLE II PRINCIPAL OFFICE

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

PO BOX 126506 HIALEAH FLA 33012

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MR FRANK PEREZ SIAM ATTORNEY AT LAW 265 SEVILLA AVE CORAL GABLES FLA 33134

#### ARTICLE V INCORPORATOR(6)

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

DIANA MOENCK 765 NW 126 CT MIAMI FLA 33182

#### ARTICLE VI DIRECTOR(S)

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

SEC. OF CORP 765 NW. 17614 CT MID. F.CA. 33/82

The undersigned i	ncorporator(a) has(have) executed these Articles of Incorporation this day of, 19 <u>27</u> .
	x Diana moerck Signature
	Signature
	Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

<del></del>		▼	
			<u>·</u>
		, ,	
* *			97
BLE)			<u></u>
· , -	κ.	- 12 kg	· =
<u></u>			ر م
	BLE)	BLE)	BLE)

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 X

DATE

REGISTERED AGENT FILING FEE: \$35.00