

TRANSMITTAL LETTER

P970002 71527

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

FILED
97 AUG 18 AM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: _____

Sun Coast Distributors, inc.
(Proposed corporate name - must include suffix)

600002269326--5
-08/18/97--01044--007
****122.50 ****122.50

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: Abraham Abdemur
Name (Printed or typed)

8985 N.W. 148th Street
Address

Miami, Florida 33018
City, State & Zip

305/ 823-0146
Daytime Telephone number

AUG 19 1997

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sun Coast Distributors, inc.

ARTICLE II PRINCIPAL OFFICE

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

8985 N.W. 148th Street
Miami, Florida 33018

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 Florida street address of the initial registered agent are:

Abraham Abdemur
8985 N.W. 148th Street
Miami, Florida 33018

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Abraham Abdemur
8985 N.W. 148th Street
Miami, Florida 33018

X 

Signature/Incorporator



Date

(An additional article must be added if an effective date is requested.)

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

X 

Signature/Registered Agent



Date

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