# P97000084250

### TRANSMITTAL LETTER

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

90000230669--0 -09/29/97--01161--004 \*\*\*\*131.25 \*\*\*\*131.25

Enclos for :	sed is an original \$70.00 Filing Fee	and one (1) cop  \$78.75  Filing Fee & Certificate	oy of the articles of \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	d a check
	FROM:	Nam	e (printed or typed)		
		2120 ( JAX.	Nourte Sy. Address 1/3221	Blud. #23 6	FIL 97 SEP 29 SECRETARY TALLAHASSE
		90	City, State & Zip <u> </u>	095	ILED 29 AH 8: 50 RY OF STATE SEE, FLORIDA

J. Nedeau 'SEP 3.0 1997

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

## ARTICLES OF INCORPORATION

SECRETARY OF STATE OF

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: MATJON DISTRIBUTING Co.

#### ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

1000 AT PAR VALUE COMMON

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

The name and address of the initial registered agent is:

Kobin M. WATSON
2120 Corporate Sq. Blud. #23
JAX. 71 32216

#### ARTICLE V INCORPORATOR(S)

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

Robin M. WAtson
2120 Corporate Sy. Blod. #23
JAX. 41 32216

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
20th day of September 1997.
Adin M. Watsr
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: WATSON Distributing Co.
2. The name and address of the registered agent and office is:
(Name)  (Name)
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.