City/State/Zip Phone #
LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. D & M DISTRIBUTORS CORP.
(Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) SECONDA PH 3: 07

Certificate of Status En FLORIDA

Certificate of Status En FLORIDA Pick up time __________ Walk in Photocopy Will wait Mail out NEWFILINGS Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other Merger OTHER FILINGS MQUXLIRIGATION **Annual Report** Foreign Fictitions Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 9, 1997

LAZARUS

MIAMI, FL

SUBJECT: D & M DISTRIBUTORS CORP.

Ref. Number: W97000023143

We have received your document for D & M DISTRIBUTORS CORP. 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 797A00049657

97 OCT 10 PH 3: 24
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:

of the corporation shall be:

DEM DISTRIBUTORS GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

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

100 SW 110 AVENUE # 138 MIAMI FL 33174

ARTICLE III SHARES

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

100 SHARES AT \$ 100 each one.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL G. Hernandez

100 SW 110 Ave # 138

MIAMI FL 33174

ARTICLE V INCORPORATOR(S)

Ine name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
MANUEL G. Hernandez
MANUEL G. Hernandez 1005W 110 AVENUE # 138
MIAMI FL 33/74
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
MANUEL G. HernAndez PRESIDENT
MANUEL G. HernAndez PRESIDENT 1005W 110 Avenue # 138 MIAMI FL 33174
DORA V PORRO/SECRETARIA 100 SW 110 AVENUE # 138 MIAMI FC 33174
100 SW 110 AVENUE # 138 MIAMI FC 33174
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day of, 19
manuel (fol)
Signature
Signature

Articles of Incorporation Filing Fee - \$35

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.

1.	The name of the corporation is: D & M Distra BUTORS
	GROUP Corp.
2.	The name and address of the registered agent and office is:
	MANUEL G. Hernandez.
	(NAME)
	1005W110 Ave # 138
	(P.O. BOX NOT ACCEPTABLE)
	ZUIAMI PL 33174
	(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.

REGISTERED AGENT FILING FEE: \$35.00