

OFFICE USE ONLY (Document #)

HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002497703--2

-04/23/98-01041-023
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. D.S.I DISTRIBUTORS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
98 APR 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
98 APR 23 AM 11:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/23

FILED

98 APR 23 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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.

ARTICLE I NAME

The name of corporation shall be: O.S.I. DISTRIBUTORS,INC

ARTICLE II PRINCIPAL OFFICE

**The principal place of business and mailing address of this corporation shall be:
6801 INDIAN CREEK SUITE 506
MIAMI,FL 33141**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 (TWO HUNDRED) NON-PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

**The name and address of the the initial registered agent is:
OSVALDO SALOMON
6801 INDIAN CREEK
MIAMI,FL 33141**

ARTICLE V INCORPORATOR(S)

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

OSVALDO SALOMON
6801 INDIAN CREEK SUITE 506
MIAMI, FL 33141

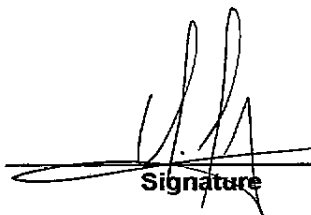
ARTICLE VI DIRECTOR(S)

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

OSVALDO SALOMON
6801 INDIAN CREEK SUITE 506
MIAMI, FL 33141

PRESIDENT

The undersigned incorporator(s) has (have) executed these Articles of incorporation this 21 **day of** April **19** 98



Signature

Signature

Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 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:

O.S.I. DISTRIBUTORS, INC
(must include suffix)


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

OSWALDO SOLORZO
6801 INDIAN CREEK 506
(NAME)
MIAMI FL. 33141
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

(CITY/STATE/ZIP)

FILED
98 APR 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

4-21-98
(DATE)