P98000048350

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

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1 alianassee, Fi	_ 32314	•				
SUBJECT:	DISTRIBUTION CENTRAL, INC. (Proposed corporate name - must include suffix)					
Enclosed is an	original	and one(1) copy of the articles	of incorporation and a	check for :		
☐ \$70 Filing I		\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	Ý	
		ADDITIONAL COPY REQUIRE				
FR	LOM: _	GIL MITTELMAN Name (Printed or typed)			98 I DIY, J'(I TALL	
	_	1440 CORAL RIDGE DR Address SS				
		#245 CORAL SPRING 33071				
		City, State & Zip				
	-	Daytime To	elephone number	·	•	

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

MM 98

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:

DISTRIBUTION CENTRAL INC.



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

DISTRIBUTION CENTRAL INC.

1440 CORAL RIDGE DR

SUITE 245

ARTICLE III SHARES

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

one thousand(1,000)sharës having \$1.00 par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

GIL MITELMAN

1440 CORAL RIDGE DR

SUITE 245

ARTICLE VING INCORPORATOR

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

GIL MITELMAN

1440 CORAL RIDGE DR

SUITE 245

CORAL SPRING FL 33071

05/18/98

Signature/Incorporator

Date

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(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 segistered agent.

05/18/98

Signature/Registered Agent

Date