# 19980000 32160

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

SUBJECT: Sho	reline Dustribution	na CO. até name - must include suf	Ťiv)	<del>-</del> .
	(Proposed corpor	ate name - must menue sm	111.)	
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Enclosed is an original	l and one(1) copy of the articles	s 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 CO	PY REQUIRED	
FROM:	Name (Pr 17642 133 Tes Jupiner Fl. City, (561) 747-200	State & Zip  Celephone number	AUTHORIZATION LORREST OF STATE	GAVE BY PHONE TO  a a so aware  howling Dolanda
	·	-4	DATE 6-1	3
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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:

Shoreline Distributing Co.



#### ARTICLE II PRINCIPAL OFFICE

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

17647 133 Trail north Supiter, FL. 33478

#### ARTICLE III SHARES

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

1,000 Sharts

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK FOSKer 17642 133 Trail north

JUPIKY, FL. 33478

# ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

MARK FOSKer 17642 133 Trail north

JUPIN JEL 33478

Signature/Incorporator

X 05 30 98

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

Signature/Registered Agent

x 08/30 98

Date