OFFIC USE ONLY (Secument) LAMARUS CORPORATE FILING SERVICE, INC.	205/07
(Requestor's Name)	•
3320 S.W. 87th AVENUE (Address)	7000027419574
MIAMI, FLORIDA (305)552-5973	-01/14/9901081017 *****78.75 *****78.75
(City, State, Zip) (Phone #)	*****78.75 *****78.75
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
1. WHOLE SALE DEPOT (Corporation Name)	BER(S) (if known):
(Corporation Name)	(Document #)
3	(Document #)
(Corporation Name)	四本 2
4. (Corporation Name)	(Document #)
Walk in Pick up time 2.00 Mail out Will wait Photocopy	Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication Other OTHER FILNGS Annual Report Fictitious Name Name Reservation New FILINGS Amendment Resignation of Change of Regis Dissolution/With Merger REGISTRATI QUALIFICATI Foreign Limited Partner Reinstatement Trademark Other	R.A., Officer/Director stered Agent hdrawal ON OF CO



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 14, 1999

LAZARUS

MIAMI, FL

SUBJECT: WHOLESALE DEPOT INC.

Ref. Number: W99000001085

We have received your document for WHOLESALE DEPOT INC.. However, the document has not been filed and is being returned for the following:

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: 199A00001990

FKECENVED 99 JAN 19 AM 8: 56 DIVISION OF CORPORATION

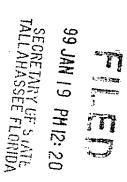
ARTICLES OF INCORPORATION

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.

ARTICLE I NAME

The name of the corporation shall be:

CV Wholesale Depot INC.



ARTICLE II PRINCIPAL OFFICE

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

6033 S.W 8th ST Miami FL 33144

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Constanza Vargas. 6033 s.w 8th st Miami FL 33144.

ARTICLE V INCORPORATOR(S)

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

Constanza Vargas 15996 s.w 109745T Miam? FL 33196

ARTICLE VI DIRECTOR(S)

The name(s) and	street addres	s(es) of th	e director(s)	to these Ar	ticles of
Incorporation is(are):	. /		1 Pres9	dent)
	are): Constar 15996	nza. V	20993.	T .	
	15996 Miams		23196	,	
	MIami	7-0		**************************************	'

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____ ary____, 19 77,

KYOULIVS Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

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.

The man	ne of the corpor	√ \	Whole	50 le.	Depo	L. INC
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The nari	ne and address	of the re	gistered a	gent and o	office is:	
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	Miar	m?	FL	. 33	3144	
		(CITY	STATE/ZII	P)	- / -	

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 RECISTERED 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 TALL AND SEE FLORIDA

DATE (1299 PM 12: 20

REGISTERED AGENT FILING FEE: \$35.00