## P99000008737

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

SUBJECT:	Proposed corpo	rate name - must include si	LESALE,	nc.		
	( )	mass morage S	ullia)			
		-	50000275- -01/25/99- *****78.75	4251 -01151 ***	6E -010 **78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	$\wedge$	ADDITIONAL CO	OPY REQUIRED			
FROM:	Name (Pr	HADY inted or typed)	JALLAI TALLAI	99 JAN	-	
2745 MORTH FEDERAL HIGHLIAY & THE						
,	DELRAY BE	ACH Late & Zip	334838 334838	2:30		
	561.266.880 Daytime Te	9501.2	79.4303			

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

PX//20

## 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.

The name of the corporation shall be:	
TRANS CONTINENTAL WHOLESALE, INC.	
ARTICLE II PRINCIPAL OFFICE	Ē.
	j
2745 OKTH FEDERAL HWY	
DELRAY BOACH, FL 33483	·
ARTICLE III SHARES	·-
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
A	
100	. <del></del> .
ARTICLE IV INITIAL PEGISTERED ACRASM AND CONTRACT	
The name and Florida street address of the initial registered agent are:	45
ARTICLE V INCORPORATOR  The name and address of the state	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
MICOLLE MAHARY	
2745 NORTH FEDERAL HWY	
DELPAY BOACH, FL 33492	
Aicola Mahades 1.19.99	-
Signature/Incorporator Date	<del></del>

(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 Date