

OFFICE USE ONLY (Document #)

HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002787225--3

-02/25/99-01056-025

*****78.75 *****78.75

OFFICE USE ONLY

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

1. POLI PRODUCTS DISTRIBUTOR 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 Statute

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

FILED

99 FEB 25 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLES OF INCORPORATION**

POLIPRODUCTS DISTRIBUTOR INC.

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:

POLIPRODUCTS DISTRIBUTOR INC.

ARTICLE II PRINCIPAL OFFICE

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

5201 Villa Alizar Dr.
Orlando Florida 32839**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: SIX HUNDRED (600) SHARES OF \$1,00 PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON STOCK" \$600,00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAURICIO VALLECILLO
5201 Villa Alizar Dr.
Orlando Fl. 32839

ARTICLE V INCORPORATOR(S)

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

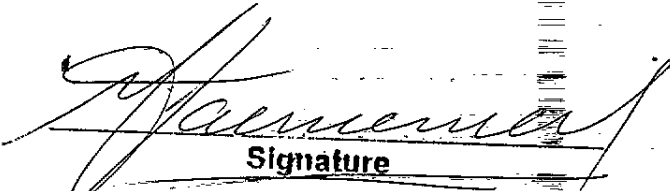
Mauricio Vallecillo	5201 Villa Alizar Dr. Orlando Fl. 32839
Yadira Vallecillo	5201 Villa Alizar Dr. Orlando Fl. 32839
Fernando Guerrero	5201 Villa Alizar Dr. Orlando Fl. 32839
Lenin Vallecillo	5201 Villa Alizar Dr. Orlando Fl. 32839

ARTICLE VI DIRECTOR(S)

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

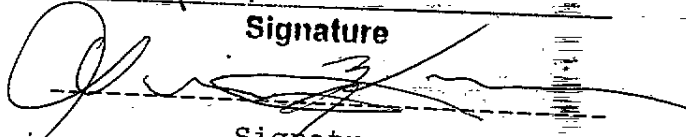
Mauricio Vallecillo	5201 Villa Alizar Dr. Orlando Fl. 32839 President 25%
Yadira Vallecillo	5201 Villa Alizar Dr. Orlando Fl. 32839 Vice-President 25%
Fernando Guerrero	5201 Villa Alizar Dr. Orlando Fl. 32839 Treasure 25%
Lenin Vallecillo	5201 Villa Alizar Dr. Secretary 25%

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23 TH day of February, 1999.


Signature


Signature


Signature


Signature

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.

1. The name of the corporation is: POLIPRODUCTS DISTRIBUTOR INC

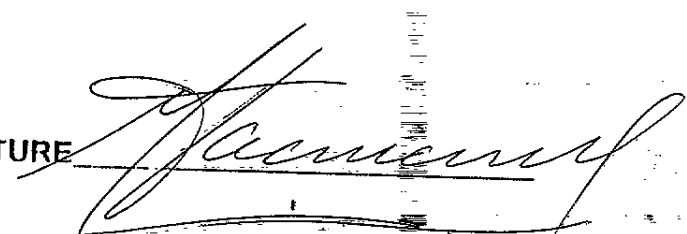
2. The name and address of the registered agent and office is:

MAURICIO VALLECILLO
(NAME)

5201 Villa Alizar Dr.
(P.O. BOX NOT ACCEPTABLE)

Orlando Fl. 32839
(CITY/STATE/ZIP)

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 

DATE 23th February 1999

99 FEB 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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