# P90000022814

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mahoner	Distributors
of Jacks	onville Inc

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## ARTICLES OF INCORPORATION

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**OF** 

# MAHONEY DISTRIBUTORS OF JACKSONVILLE, INC.

The undersigned incorporator to these Articles of Incorporation, hereby executes the Articles of Incorporation to form a corporation under the laws of the State of Florida.

I.

#### NAME

The name of this corporation is MAHONEY DISTRIBUTORS OF JACKSONVILLE, INC.

II.

#### **DURATION**

This corporation shall begin on the date of its incorporation and exist perpetually.

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#### **PURPOSE**

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under THE FLORIDA BUSINESS CORPORATION ACT, Chapter 607, Florida Statutes 1993.

IV.

## **CAPITAL STOCK**

This corporation is authorized to issue one thousand (1000) shares of \$1.00 par value voting stock which shall be designated common shares.  $\equiv$ 

# INITIAL REGISTERED OFFICE AND AGENT

The street address of the principal place of business of this corporation is 12217 Nobleman Drive, Jacksonville, Florida 32223, and the name of the initial registered agent of this corporation is TIMOTHY M. MAHONEY.

VI.

## INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director is:

NAME	ADDRESS		.a ≦v.
TIMOTHY M. MAHONEY	12217 Nobleman Drive Jacksonville, FL 32223	<u></u>	SECRETARY COL
	VII.		PM 3:
INCORPORATOR		<u> </u>	84.18 Allonia
NAME	<u>ADDRESS</u>	·	.,,
TIMOTHY M. MAHONEY	12217 Nobleman Drive Jacksonville, FL 32223	= - <u>-</u> -	

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand and seal this <u>&</u> day of March, 1999. I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

TIMOTHY M. MAHONEY

STATE OF FLORIDA	•	~
COUNTY OF DUVAL	) SS )	Š

PERSONALLY APPEARED BEFORE ME, the undersigned attesting officer, came TIMOTHY M. MAHONEY, known to me to be the individual described herein and who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed the same for the purpose therein expressed.

Dated this 24 day of March, 1999.

Notary Public, State of Florida.

Name: Janet C. Drew

My Commission Number

MY COMMISSION # COMEZED EXPIRES My Commission Expires

BOLEDED THOU TRAY PAIN INSURANCE, DIC.

Personally Known OR \_\_\_\_\_ Produced Identification Type of Identification: