

TRANSMITTAL LETTER

P99000037840

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

800002847308--2
-04/22/99--01059--006
*****78.75 *****78.75

SUBJECT: Tradewinds Distributors, INC.
(Proposed corporate name - must include suffix)

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

ADDITIONAL COPY REQUIRED

FROM:

Peter M. Shaw

Name (Printed or typed)

c/o Tradewinds Distributors
37 Woodlake Dr.

Address

Port Orange, FL 32119

City, State & Zip

(904) 304-0399

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 22 AM 9:56

FILED

F. GIESSEN

APR 27 1999

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:

Tradewinds DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

37 Woodlake DR.
Port Orange, FL. 32119

ARTICLE III SHARES

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

100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Debbie ELLISON
37 Woodlake DR
Port Orange, FL. 32119

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Peter M. Shaw
15 Willard ST.
South Portland, ME. 04106

X Peter M. Shaw
Signature/Incorporator

Peter M. Shaw

4/16/99
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

X Debbie Ellison
Signature/Registered Agent

Debbie ELLISON

4-19-99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA