Pagooos893/

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

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SUBJECT:	<u> </u>		DISTRIBITIONS, INC.	<u> </u>		
		(Proposed corporate name - must include suffix)				

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

100002851881--5 -04/26/99--01115--014 ******70.00 ******70.00

□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		HC77F inted or typed)	.—	
* **	1801 NW 189	7 C7	Zs. 9)
	BOLA RATON	_	LAHAS	PR 26
	•	State & Zip	SEE, FL	
	56(395 152 Daytime Tel	- 8 lephone number	ORIDE OR TE	

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



ARTICLES OF INCORPORATION

The undersigned incorpo	orator, for the purpo	se of forming a	corporation under	r the Florida
Business Corporation Ac	ct, hereby adopts the	e following Artic	cles of Incorporati	on.

ARTICLE I NAME

The name of the corporation shall be:

Glow PAPER DISTORBYTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1801 NW ISTCT

BULA PATON BY 33432

ARTICLE III SHARES

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

100 x \$1,00 Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN A. MILL SPAUGH

717-7 WILLARD WAY
BOYNON BOARH PL 33435

ARTICLE V INCORPORATOR

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

MIKE BLANCHETTE

1801 NW IST CT

D. A BATAN FL 33432

x Nile Danell

Signature/Incorporator

2-1-99

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 myposition as registered agent

Signature/Registered Agent

2-1-99

Date