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Mostafa Kamara
690 James TOWN BLVD Suite #2256
Altamonte, Springs, FL 32714

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

Office Use Only

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

1. Kamara Distribution, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
99 MAY -7 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

See 5/11

ARTICLES OF INCORPORATION

FILED
99 MAY -7 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KAMARA DISTRIBUTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

690 JAMES TOWN BLVD.
SUITE 2256
ALTAMONTE SPRINGS, FL 32714

ARTICLE III SHARES

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

FIVE HUNDRED (500) SHARES AT ONE DOLLAR (\$1.00) PER SHARE.

REGISTERED ARTICLE IV INITIAL AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MOSTAFA .H. KAMARA
1055 REGAL POINT TERRACE
LAKE MARY, FL 32746
APT#305


ARTICLE V INCORPORATOR(S)
SEE instruction for officers/directors

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

MOSTAFA .H. KAMARA
1055 REGAL POINT TERRACE
APT#305
LAKE MARY,FL 32746

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

5th day of MAY, 19 99


Signature

STATE OF FLORIDA

COUNTY OF Seminole

THE FORGOING INSTRUMENT was acknowledged and sworn to before me this 5th day of

May, 19 99
BY Diane H. Devillier

NOTARY PUBLIC



EIDL K560-548-73-254-0

FILED
99 MAY -7 PM 6: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: KAMARA DISTRIBUTION, INC.
2. The name and address of the registered agent and office is:

MOSTAFA, H, KAMARA
1055 REGAL POINT TERRACE
APT# 305
LAKE MARY, FL 32746

Having been named as registered agent and accept service of process for the above state 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)

5-5-99
(DATE)