

P99000076596

TRANSMITTAL LETTER

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

500002966795--8
-08/23/99-01037-014
*****70.00 *****70.00

SUBJECT: Cyclone Distributing Inc.
(proposed corporate name)

Enclosed please find an original copy of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

FROM: Joseph Miele
Name

13860 Wellington Trace, Suite 282
Address

Wellington, Florida 33414
City, State & Zip

(561) 795-7979
Telephone Number

99 AUG 23 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Note: Additional copy of articles is needed when certified copy is requested.

8/27/99
[Signature]

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99 AUG 23 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CYCLONE DISTRIBUTING INC.

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

The name of the corporation shall be:

Cyclone Distributing Inc.

ARTICLE II

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

Cyclone Distributing Inc.
c/o Joseph Miele, President
13860 Wellington Trace, Suite 282
Wellington, Florida 33414

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000 shares.

ARTICLE IV

The name and address of the initial registered agent is:

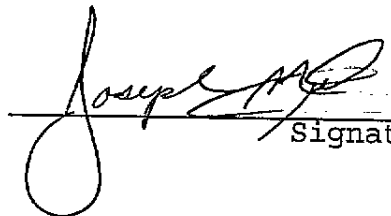
Joseph Miele
13860 Wellington Trace, Suite 282
Wellington, Florida 33414

ARTICLE V

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

1. Joseph Miele
14078 Green Tree Drive
Wellington, Florida 33414

The undersigned has executed these Articles of Incorporation this 23rd day of August, 1999.



Signature/Title President/Sec.

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:

Cyclone Distributing Inc.

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

Joseph Miele
(Name)

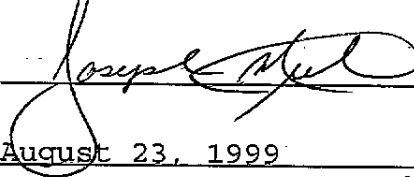
13860 Wellington Trace, Suite 282
(P. O. Box not acceptable)

Wellington, Florida 33414
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

August 23, 1999

REGISTERED AGENT FILING FEE \$35.00