

P22000035053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

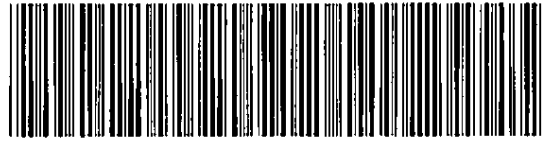
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

2022 MAY 11 AM 8:40

FILED

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 11 PM 3:34

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 667497 8368352

AUTHORIZATION :

COST LIMIT : *Smuel Cleman*
\$770.00

ORDER DATE : May 10, 2022

ORDER TIME : 2:13 PM

ORDER NO. : 667497-005

CUSTOMER NO: 8368352

DOMESTIC FILING

NAME: MAJ 2 DISTRIBUTORS INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME MAJ 2 DISTRIBUTORS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address _____ Mailing address, if different is: _____
376 Winwood Oaks Dr. _____
Apt 101 _____
Tampa, FL 33613 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribution of Bread and Snack Food _____

ARTICLE IV SHARES

The number of shares of stock is: 1500 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mauryne A. Caraballo Rodriguez, President _____ Name and Title: _____
Address 376 Winwood Oaks dR. _____ Address: _____
Apt. 101 _____
Tampa, FL 33613 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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2022 MAY 11 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maurynel A. Caraballo Rodriguez

Address: 376 Winwood Oaks Dr., Apt 101

Tampa, FL 33613

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 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Alexxis Weibach, assistant vice president 05/11/2022

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____ 5/10/2022

Required Signature/Incorporator Date