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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION**Upstate Wholesale Supply, Inc.**

Certificate of Status	0
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Corporate Filing Menu

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June 8, 2012

INCORPORATING SERVICES FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: UPSTATE WHOLESALE SUPPLY, INC.
REF: W12000031391

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the person listed on line 13 & 14 of the application has to also be listed on line 12.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000151727
Letter Number: 312A00016282

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Upstate Wholesale Supply, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York State

(State or country under the law of which it is incorporated)

3. 16-1382350

(FEI number, if applicable)

4. 8/30/1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 7647 Main Street Fishers, Victor, NY 14564

(Principal office address)

7647 Main Street Fishers, Victor, NY 14564

(Current mailing address)

8. All purposes for which a corporation may be formed in NYS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James Shank

Office Address: 6264 Aventura Dr

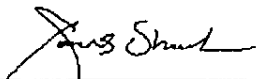
Sarasota, Florida 34241

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John T. Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

Vice Chairman: _____

Address: _____

Director: Trevor Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

Director: Justin Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

B. OFFICERS

President: Justin Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

Vice President: John T. Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

Secretary: Trevor Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

Treasurer: Trevor Smith

Address: 7647 Main Street Fishers, Victor, NY 14564

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John T. Smith

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. John T. Smith, Chairman and Vice President

(Typed or printed name and capacity of person signing application)

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STATE OF NEW YORK
DIVISION OF CORPORATIONS

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of UPSTATE WHOLESALE SUPPLY, INC. was filed on 08/30/1990, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 03/18/1993.
A Biennial Statement was filed 10/13/1993.
A Biennial Statement was filed 08/06/1996.
A Biennial Statement was filed 08/03/1998.
A Biennial Statement was filed 08/15/2000.
A Biennial Statement was filed 08/08/2002.
A Certificate of Merger was filed on 12/22/2003.
A Certificate of Amendment was filed on 12/24/2003.
A Biennial Statement was filed 09/14/2004.
A Biennial Statement was filed 08/04/2006.
A Biennial Statement was filed 06/08/2009.
A Biennial Statement was filed 08/31/2010.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 20th day of April
two thousand and twelve.*

Daniel Shapiro
First Deputy Secretary of State

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SECRET
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