# 17/09000004666

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP .WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
<u> </u>							

Office Use Only



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SECRETARY OF STATE

J. BRYAN

DEC - 1 2009

**EXAMINER** 

#### **COVER LETTER**

TO:

то:	Registration Section Division of Corporations				
SUBJE	ECT: Midway	Industrial Name of Lim	Supplies ited Liability Company	, 440	
	closed "Application by Foreign I ce, and check are submitted to n	Limited Liability Com	pany for Authorization	n to Transact Business in Flo	
Please	return all correspondence concer	rning this matter to the	following:		
		Jer	ry Saresky		
		Na	me of Person		<del></del>
		The A	ndersen Firm	4	
			m/Company		-6 2 -7
		3020 NE 32	and Ave. Suite 30	生で 12 また	09 NOV 30
			Address	The state of the s	N 30 PH 2
		Ft Laude	rdale, FL 33308	, FL	PH 2: 57
			ate and Zip Code		<b>55</b>
		jsaresk	y@taflaw.com	<del>2</del>	•
	E-ma	il address: (to be used	for future annual repo	rt notification)	
For furt	her information concerning this	matter, please call:			
	Jerry Sare	esky	at ( 904 )	347-9685	
	Name of Pers	son Area	Code & Daytime Tele	ephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
Enclos	ed is a check for the follow	ving amount:			
		130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Midway Industrial Supplies (Name of Fereign Limited Liability Company; must include	LLC. "Climited Liability Company," "L.L.C.," or "LL	.C.")	
	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,	,	
COI	name unavailable, enter alternate name adopted for the purpose usent of the managers or managing members adopting the alternampany," "L.L.C," "LLC.")			
2.	WY 3			
	WY (Jurisdiction under the law of which foreign limited liability company is organized)  3.	( FEI number, if applicable)		
4.	<u>6-9-2009</u> 5. (Date of Organization)	Perpetual (Duration: Year limited liability company will		
	(Date of Organization)	(Duration: Year limited liability company will exist or "perpetual")	cease	to
6.	N/A			
	(Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)		
7.	280 NE 181 St.	A CE	3	
	Miami, FL 33162	CRE	NON EO	7
	(Street Address of	Principal Office)	80	
8.	If limited liability company is a manager-managed co			m O
9.	The name and usual business addresses of the manag	ing members or managers are as follows	, –	
	Mark Andrew Hicks - 280 NE 181 St Miami, F	EL 33162		<del></del>
	<u> </u>	- Martin - Indiana and American	···········	
10	. Attached is an original certificate of existence, no more than 90 day	s old, duly authenticated by the official having cus	tody of	frecords in
	jurisdiction under the law of which it is organized. (A photocopy is askation of the certificate under oath of the translator must be submitt		gnage,	a
11	. Nature of business or purposes to be conducted or p	romoted in Florida:		
		ul purposes		
	2ll A.M.	<b>F</b>		<del></del> •
		orized representative of a member.		
	(In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury			
	Mark A. Hick			

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Midway Industrial Supplies. LCC			<del>-</del>
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			_
Mark Andrew Hicks	SECI	05 NON 30	
(Name)	RETA	OV 3	1 [ 
280 NE 181 Street	RY ( SSEE		L
Florida Street Address (P.O. Box NOT ACCEPTABLE)	F S	PM 2:	
Miami FL 33162 City/State/Zip	TATE ORIDA	55	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida ZLLA.	ntment as of all stat and acce	regisi tutes ept the	tered
(Signature)			

Filing Fee for Application

**Certified Copy (optional)** 

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

### STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that

## Midway Industrial Supplies, LLC

a limited liability company originally organized under the laws of Florida on September 6, 2007, did on October 9, 2009 apply for a Certificate of Registration and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this limited liability company has renounced its state or country of organization, and is now organized under the laws of the state of Wyoming in accordance with W.S. 17-15-143 and is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this Monday, November 23, 2009.



Filed Date:

May Massiello
Scoretary of State

By: \_\_\_\_\_Jenny Kline \_\_\_\_\_

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SECRETARY OF STATE
TALLAHASSEF F, STATE