To: Registration Section Division of Corporations

SUBJECT:	MASSEY WH	OLESALE COMPAN	4
		rporation - must include suffix)	
Dear Sir or Madam: The enclosed "Applica" Certificate of Existen transact business in Flo	ce", and check are submi		-07/06/0001081007 -07/06/0001081007 ct Business in Florida******78.75 acced foreign corporation to
Please return all corres	pondence concerning this	s matter to the following:	
 -		MASSEY Name of Person)	- B J
	MASSEY WHO	<u>OLESALE Com PANY</u> irm/Company)	ある受刑
	P.O. Box 54		PH 2:
	DAWSON GO	(Address)	3 4
		City/State/Zip)	- 5
Should you need to cal	l someone concerning thi	s matter, please call:	DL PARILLAL
Lakry Mas (Name of Pers		912) 995-5891 (Area Code & Daytime Teleph	Tone Number 5
·		•	VED PN 2: C OF STAI PPORATI.
STREET ADDRESS:	(4)	MAILING ADDRESS	S: ≥≅ —
Registration Section Division of Corporation 409 E. Gaines St.	ns	Registration Section Division of Corporation P.O. Box 6327	ns ^
Tallahassee, FL 32399	<i>,</i>	Tallahassee, FL 32314	1/1/1/1/1
Enclosed is a check for	the following amount:		. 114
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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	MASSEY WHO	DLESALE CO	m PAN	Y		<i>_</i> .
(Name of corp	poration; must include the v	word "INCORPORA	TED", "CO	MPANY", "COR	PORATION" or	
words or abbro	eviations of like import in it or partnership if not so co	language as will cle	arly indicate	that it is a corpor	ation instead of a	8
naturai person	or partnership if not so consider the law of which in the law of which in the law of incorporation.	mameu m me name	at present.)			W 200
	9					المنظم المنظ المنظم المنظم
2.	<u> SEORGIA</u>		3	58-1845	5892	
(State or count	ry under the law of which i	it is incorporated)		(FEI numb	er, if applicable)	3 99
4 <i>5</i>	11- 1987	5.	Dei	epetua I	•	13
(D:	ate of incorporation)		Duration: Y	ear corp. will ceas	e to exist or "perpe	tual")
6	Many Our			_		
(Date first trans	Sacted business in Florida.	If corporation has n	ry Int transacte	d business in Flori	da incert "unon ou	alification "
•	(SEE S	SECTIONS 607.150	1, 607.1502	and 817.155, F.S.	ua, mserr upon qu)	amication.)
7 . 1.3.						
7. a. <u>6 0</u>	O Industrial	Principal office ad	dress)	DAWSON, C	5A. 31142	<u> </u>
						= .
bP.O	. Box 548	DAWSON	<u>v, GA</u>	31742		
		(Current mailing ad	dress)			
_						
8. <u>Το ε</u> .	NGAGE IN the	business c	of dis	tribution a	rd other	busiwesses
(Purpose	(s) of corporation authoriz	ed in home state or	country to b	e carried out in sta	te of Florida) fo	e profit
9. Name and str	reet address of Florida	registered agent:	(P ∩ Box	or Mail Dron Ro	v NOT against h	(a)
			(1.0. 201	ox ivitali Diop Be	ж <u>1101</u> ассертаві	.c)
Name:	Gary M. Ketchu	ım ir				د چه مختص د د دوه
Office Address	A1 57 15 1 1 1 1				-	
Office Address:	417 Plantation	1 Road				i til til til til til til til til til ti
	Tallahassee	-	Flo	rida 32303		
		· · · · · · · · · · · · · · · · · · ·	, <u>i</u> 10	(Zip code)	_	(V-)
				(
Registered a	gent's acceptance:					
Having been name	ed as registered agent and	to accept service of	process for	the above stated o	orporation at the p	lace designated
a ams uppactation, comply with the nr	I hereby accept the appointments of all statutes relatives	niment as registered ative to the proper o	a agent and ind complet	agree to act in the	is capacity. I furth	er agree to
and accept the obli	igations of my position as	ranistavad anaut	complet	- perjormance of	ny unices, ana 1 ah	n jumutar with

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Larry W. Massey Vice Chairman: Address: Director: Address: __ **B. OFFICERS** President: Larry W. Massey Address: P.O. Box 9 Dawson, Ga. 31742 Vice President: Address: ___ Secretary: Edward L. Massey, III Address: _____ORN dorff Drive Dawson, Ga. 31742 Treasurer: Thomas L. Massey Address: _____ORN dorff Drive Dawson, Gc. 31742

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

14. Larry W. Massey President

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 001810706
CONTROL NUMBER : J712336
DATE INC/AUTH/FILED: 05/11/1987
JURISDICTION : GEORGIA

PRINT DATE : 06/29/2000 FORM NUMBER : 211

MASSEY WHOLESALE CO.
LARRY MASSEY
630 INDUSTRIAL PARK BLVD
DAWSON, GA 31742

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MASSEY WHOLESALE COMPANY A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State