

5
F0200000/013

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORWALK DISTRIBUTORS INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>DR. NOORDEEN SHARIFF</u>	<u>500004781055--6</u>
(Name of Person)	-01/17/02--01017--005
<u>NORWALK DISTRIBUTORS INC</u>	*****70.00 *****70.00
(Firm/Company)	<u>W02-1691</u>
<u>1193 KNOLLWOOD CIRCLE,</u>	
(Address)	
<u>ANAHEIM, CA 92801</u>	
(City/State and Zip code)	

For further information concerning this matter, please call:

NOORDEEN SHARIFF at (714) 995 8111 EXT 224
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
02 FEB 26 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL 32304

4mtr
2/26



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 22, 2002

NOORDEEN SHARIFF
1193 KNOLLWOOD CIRCLE
ANAHEIM, CA 92801

SUBJECT: NORWALK DISTRIBUTORS, INC.
Ref. Number: W02000001691

We have received your document for NORWALK DISTRIBUTORS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays
Document Specialist

Letter Number: 002A00002915

FILED

02 FEB 26 AM 2:25
DEPT OF STATE
TALLAHASSEE, FLORIDA

**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. NORWALK DISTRIBUTORS INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CALIFORNIA 3. 33 - 0621250
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/1/94 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 12/1/2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1193 KNOLLWOOD CIRCLE, ANAHEIM, CA 92801
(Principal office address)
1193 KNOLLWOOD CIRCLE, ANAHEIM, CA 92801
(Current mailing address)
8. OPERATE SALES OFFICE
(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 or Mail Drop Box **NOT** acceptable)
Name: LUIS MARSANS
Office Address: 3900, NW 79TH AVENUE # 559
MIAMI, Florida 33166
(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.

FILED
02 FEB 26 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: DAVID SHROPSHALL SR
Address: 9058 VIA VISTA DR
BUENA PARK, CA 90620

Vice Chairman: YVONNE SHROPSHALL
Address: 9058 VIA VISTA DR
BUENA PARK, CA 90620

Director: DARRELL SHROPSHALL
Address: 751 BONANZA CR
CORONA, CA 91719

Director: KIMBERLEY CAMPBELL
Address: 8480 DREY ROAD
WESTMINSTER, CA 92683

B. OFFICERS

President: DAVID SHROPSHALL SR
Address: 9058 VIA VISTA DR
BUENA PARK, CA 90620

Vice President: YVONNE SHROPSHALL
Address: 9058 VIA VISTA DR
BUENA PARK, CA 90620

Secretary: _____
Address: _____

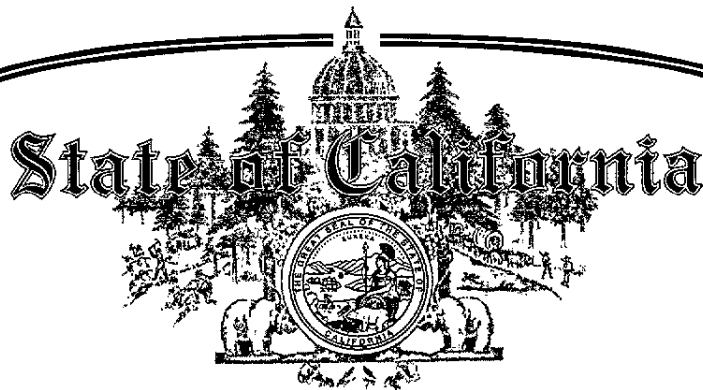
Treasurer: _____
Address: _____

FILED
02 FEB 26 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. X [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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



**SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **23rd day of June, 1994**, **NORWALK DISTRIBUTORS INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 5, 2002.



Bill Jones
BILL JONES
Secretary of State

no