F02000003208

TRANSMITTAL LETTER

TO: Registration Solution of Co			EILED OF
SUBJECT:G	ulf Coast Produce	Distributors, In	c. (%)
	(Name of corpor	ation - must include suffix	722.00
Dear Sir or Madam:			OND TOPS
	tion by Foreign Corporation ce", and check are submitted Florida.		
Please return all corres	pondence concerning this ma	tter to the following:	
	Charliene Roem	er	
	(Name	e of Person)	
	Pringle & Roe	mer. PLIC	
***************************************		Company)	
	70 A 70 O44	•	
	P.O. Box 211	ddress)	=
	•	ŕ	
		te and Zip code)	
For further information	concerning this matter, pleas		10005326261—-3 -04/23/0201047001 *****78.75 *****78.75
Charliene Roemer	Mary Ann at (228	374-1747	. 5. (0
(Name of Pers		ea Code & Daytime Teleph	none Number)
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	ıs	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	ons
Enclosed is a check for	the following amount:	•	
□ \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
			WO2-/2240 J. BRYAN APR 3 0 2002

J. BRYAN JUN 2 4 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 30, 2002

CHARLIENE ROEMER PO BOX 211 BILOXI, MS 39533

SUBJECT: GULF COAST PRODUCE DISTRIBUTORS, INC.

Ref. Number: W02000012240

We have received your document for GULF COAST PRODUCE DISTRIBUTORS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 245-6043.

ON STATE OF THE OWN OF

Joey Bryan Document Specialist Tax Liens Letter Number: 302A00026438

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.		T PRODUCE DISTR						
		ration; must include the						
		iations of like import in				s a corporation in	nstead of a	
	natural person o	r partnership if not so co	ontained in the name	at p	resent.)	500	6001	
2.	мто	SSISSIPPI	-	3.	(04	FDX50	ンロリル	,
		under the law of which		ے	<u> </u>	FEI number, if a	pplicable)	'==
	_		_		•		**	
4.	9-26-94			5	99 years			
	(Date	of incorporation)			(Duration: Yea:	r corp. will cease	e to exist or "perp	etual")
6.	::; : : 200	01 <i>: :::::::</i>					. • `	
1	(Date first transa	cted business in Florida					sert "upon qualific	cation.")
		(SEI	E SECTIONS 607.15	01,	607.1502 and 81	17.155, F.S.)	0. %	
7	194 Robi	n Street, Biloxi	. MS 39530					
′ •		. Dozoou Darona	(Principal office a	ddre	ess)		702	
	PO B	ox 961, Biloxi,	•		•	-	` Z.S.	KIKE 10 10 10 10 10 10 10 10 10 10 10 10 10
	1.0. D	ok Joi, Diloki,	(Current mailing a	44-0				2
			(Current manning a	аше	35)		Z,	, gg
	.							677
8.		produce						- 10 yr
	(Purpose(s	s) of corporation author	ized in home state or	cou	ntry to be carried	d out in state of	Florida)	, -
9.	Name and stre	<u>eet address</u> of Florid	la registered agen	t: (P.O. Box or M	ail Drop Box <u>l</u>	NOT acceptable	•)
	Name:	CT Corporate S	ystem					
			<u>.</u>				•	. .
Of	fice Address:	1200 South Pin	e Island Road				-	
		77				2220¥	=	
	-	Plantation			, Florida _		-	
		(City)				(Zip code)		
10.	Registered a	gent's acceptance:						
		ed as registered agei	nt and to accept ser	rvic	e of process fo	or the above sta	ated corporation	ı at the place
des	signated in this	application, I hereby	y accept the appoir	ntm	ent as register	ed agent and a	igree to act in th	his capacity. I
fur	ther agree to c	omply with the provi	sions of all statute	s re	lative to the pr	roper and com	plete performan	ice of my
аш	nes, ana 1 am f	amiliar with and acc	ept the obligations	of	my position as	registered ag	ent.	
							,	
		//	_	-				

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.

(Registered agent's signature)

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

A. DIKE	
Chairman:	Michael E. Alise
Address: _	P.O. Box 961
_	Biloxi, MS 39533
ice Chairn	nan:
	P.O. Box 961 Biloxi, MS 39533 On The Control of t
~~~	
Director: _	TO TO
ddress:	···
irector: _	
ddress: _	
_	
. OFFIC	ERS
esident:	Michael E. Alise
ddress:	P.O. Box 961
	Biloxi, MS 39533
ice Preside	ent:
cretary: _	Michael E. Alise
idress:	P.O. Box 961, Biloxi, MS 39533
easurer: _	
ddress:	
OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
3.	Michael G. Wese
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
ļ	Michael E. Alise, President
	(Typed or printed name and capacity of person signing application)

## State of Mississippi

### Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi



CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 26,1994 the state of Mississippi issued a Charter/Certificate of Authority to:

GULF COAST PRODUCE DISTRIBUTORS, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

A STATE OF STATE OF MISSES

Given under my hand and seal of office March 18,2002

ric Clark

ERIC CLARK, Secretary of State