

F 02000004554

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Papiotrade, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

600007509966--7

-03/04/02--01038--006

*****78.75 *****78.75

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:

Linda Thomas
(Name of Person)

Papiotrade, Inc
(Firm/Company)

4458 S 67th St
(Address)

Omaha, NE 68117
(City/State and Zip code)

For further information concerning this matter, please call:

Linda Thomas at (402) 689-8405
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -4 PM 4:03

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

4

**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. PAPIOTRADE, 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. Nebraska 3. 47-0834527
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/1/00 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification of this application
(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. 4458 S 67th St Omaha, NE 68117
(Principal office address)
- PO BOX 461004 Papillion, NE 68046
(Current mailing address)

8. Wholesale distribution of cigarettes & other tobacco products to retailers for resale
(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: NRAI Services, Inc

Office Address: 526 E. Park Avenue

Tallahassee, FL, Florida 32301
(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.

Chris Hawley, Asst. Sec.
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -4 PM 12:03

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP - 4 PM 4: 03

B. OFFICERS

President: Tim Thomas

Address: 411 Remington Rd
Papillion, NE 68046

Vice President: _____

Address: _____

Secretary: Linda Thomas

Address: 411 Remington Rd Papillion, NE 68046

Treasurer: \$

Address: _____

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

13. Linda A. Thomas
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Linda A. Thomas Secretary
(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

PAPIOTRADE, INC.

was duly incorporated under the laws of this state on September 1, 2000 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP -4 PM 4:03

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on August 21, in the year of our Lord, two thousand two.

John A. Gale
SECRETARY OF STATE

