

F 03000004146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

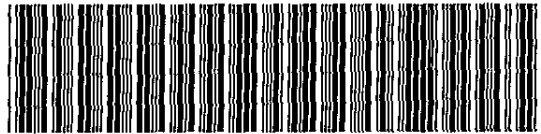
Special Instructions to Filing Officer:

Office Use Only

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 AUG 19 PM 1:24

FILED



900022238339

08/19/03--01012--020 \*\*70.00

08/19/03--01012--021 \*\*8.75

RECEIVED  
03 AUG 19 AM 11:09  
DIVISION OF CORPORATION

*Handwritten signature*

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 AUG 19 PM 1:24

FILED

CT CORPORATION

August 19, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
03 AUG 19 PM 1:24  
TALLAHASSEE, FLORIDA

Re: Order #: 5915351 SO  
Customer Reference 1: 030127-0005  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Bost Distributing Co. (NC)  
Qualification  
Florida

+ Good Standing

Thanks

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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. Bost Distributing Co.  
(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. North Carolina 3. 56-1569509  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 23, 1987 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or perpetual)
6. Upon Qualification  
(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. 2205 Boone Trail Road, PO Box 447, Sanford, NC 27330  
(Principal office address)  
2205 Boone Trail Road, PO Box 447, Sanford NC 27330  
(Current mailing address)
8. To engage in the distribution of food products, and any lawful act or activity  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324  
(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.*

Joan V. Bolden Joan V. Bolden  
(Registered agent's signature) Asst. Secy.

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: James H. Bost, Jr. (sole director)

Address: 2205 Boone Trail Road, PO Box 447, Sanford, NC 27330

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: James H. Bost, Jr.

Address: 2205 Boone Trail Road, PO Box 447, Sanford, NC 27330

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

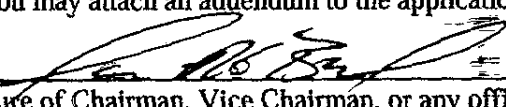
Secretary: Michael Bost

Address: 2205 Boone Trail Road, PO Box 447, Sanford, NC 27330

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. James H. Bost, Jr., President  
(Typed or printed name and capacity of person signing application)



State of North Carolina  
Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

**BOST DISTRIBUTING CO.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 23rd day of April, 1987, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED  
03 AUG 19 PM 1:26  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of July, 2003

*Elaine F. Marshall*  
Secretary of State