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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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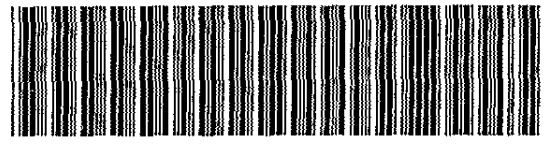
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM LIQUIDATORS, 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:

SEAN NIMMONS
(Name of Person)

(Firm/Company)

16850-112 COLLINS AVE SUITE 279
(Address)

SUNNY ISLES, Florida 33160
(City/State and Zip code)

For further information concerning this matter, please call:

SEAN NIMMONS at (909) 991-9132
(Name of Person) (Area Code & Daytime Telephone Number)

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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

**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. CUSTOM LIQUIDATORS, 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. NEVADA 3. 06-1707852
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 13, 1998 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. 2000 PONCE DE LEON BLVD. SUITE 600, CORAL GABLES, FL. 33134
(Principal office address)
16850-112 COLLINS AVE, SUNNY ISLES, FL. 33160
(Current mailing address)
8. EXPANDING CLOSE-OUT MERCHANDISE COMPANY
(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: SEAN NIMMONS
Office Address: 2885 NW 167TH TERRACE
MIAMI, Florida 33056
(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, 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.

Sean Nimmons
(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.

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

A. DIRECTORS

Chairman: DANNY ARROYO

Address: 1530 SOUTHWEST 189TH AVE

PEMBROKE PINES, Florida 33029

Vice Chairman: " SAME AS ABOVE "

Address: _____

Director: " SAME AS ABOVE "

Address: _____

Director: " SAME AS ABOVE "

Address: _____

B. OFFICERS

President: DANNY ARROYO

Address: 1530 SOUTH WEST 189TH AVE

PEMBROKE PINES, Florida 33029

Vice President: " SAME AS ABOVE "

Address: _____

Secretary: " SAME AS ABOVE "

Address: _____

Treasurer: " SAME AS ABOVE "

Address: _____

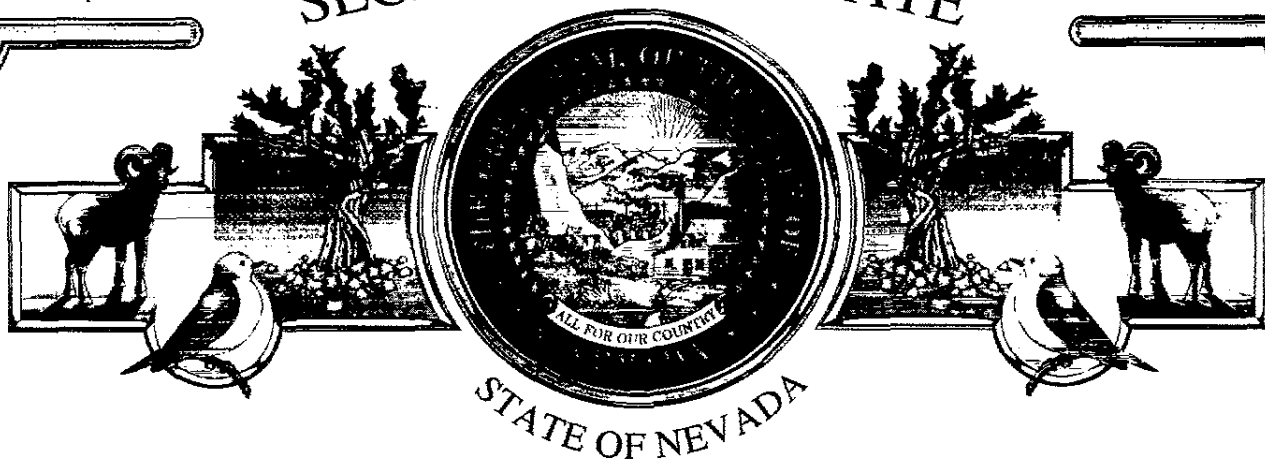
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CUSTOM LIQUIDATORS, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **July 13, 1998**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **September 11, 2003**.



Dean Heller

Secretary of State

By

Kamlesh Bhadwa

Certification Clerk

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