

F03000005846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

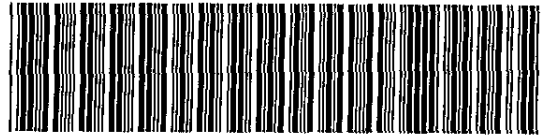
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600024749266

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 19 PM 2:14

11/19/03--01015--015 **70.00

F03-5846

For. corp.

✓✓

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF MARINE & INDUSTRIAL SUPPLIES, 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:

CAROL C. CROMWELL

(Name of Person)

GULF MARINE & INDUSTRIAL SUPPLIES, INC.

(Firm/Company)

401 ST. JOSEPH ST.

(Address)

NEW ORLEANS, LA 70130

(City/State and Zip code)

For further information concerning this matter, please call:

CAROL C. CROMWELL

(Name of Person)

at (504) 525-6252

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 19 PM 2:14

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. **GULF MARINE & INDUSTRIAL SUPPLIES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **LOUISIANA**

(State or country under the law of which it is incorporated)

3. **72-0578340**

(FEI number, if applicable)

4. **1/17/1964**

(Date of incorporation)

5. **PERPETUAL**

(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 817.115, F.S.)

7. **401 ST. JOSEPH ST., NEW ORLEANS, LA 70130**

(Principal office address)

401 ST. JOSEPH ST., NEW ORLEANS, LA 70130

(Current mailing address)

8. **ANY LAWFUL 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: **Alexandros Kalfopoulos**

Office Address: **1726 EAST CHURCH ST.**

JACKSONVILLE

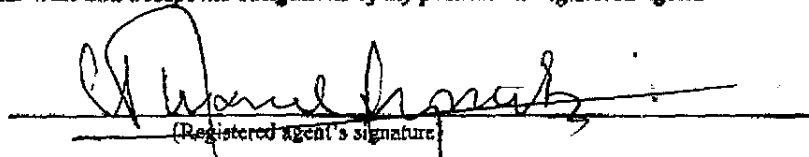
(City)

Florida **32202**

(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.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 19 PM 2:14

A. DIRECTORS

Chairman: **BRILLE COTSORADIS**

Address: **6026 BELLAIRE DR., NEW ORLEANS, LA 70124**

Vice Chairman: **STEPHEN COTSORADIS**

Address: **6026 BELLAIRE DR., NEW ORLEANS, LA 70124**

Director: **THOMAS J. BAUER**

Address: **1030 JENA ST., NEW ORLEANS, LA 70115**

Director: **CLYDE MERRITT**

Address: **6661 FLEUR DE LIS DR., NEW ORLEANS, LA 70124**

B. OFFICERS

President: **JOHN R. COTSORADIS**

Address: **321 22ND ST., NEW ORLEANS, LA 70124**

Vice President: **BRILLE R. P. COTSORADIS**

Address: **6026 BELLAIRE DR., NEW ORLEANS, LA 70124**

Secretary: **STEPHEN J. COTSORADIS**

Address: **6026 BELLAIRE DR., NEW ORLEANS, LA 70124**

Treasurer: **STEPHEN J. COTSORADIS**

Address: **6026 BELLAIRE DR., NEW ORLEANS, LA 70124**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 NOV 19 PM 2:11

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

JOHN R. COTSORADIS

PRES.

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

UNITED STATES OF AMERICA
State of Louisiana

Fox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

GULF MARINE & INDUSTRIAL SUPPLIES, INC.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on January 17, 1964,

I further certify that no Certificate of Dissolution has
been issued.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 19 PM 2:14

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

November 6, 2003

Fox McKeithen

ABA 26502780D

Secretary of State

