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2004 MAR 29 P 1:05

SECRETARY OF STATE
MISSISSIPPI, FLORIDA



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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 MAR 29 P 1:05

SUBJECT: _____

CIMA DISTRIBUTING
(Name of corporation - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DIMITRIOS ANAGNOS

(Name of Person)

CIMA DISTRIBUTING, INC.

(Firm/Company)

12633 NW 17TH PLACE

(Address)

CORAL SPRINGS, FL

33071

(City/State and Zip code)

For further information concerning this matter, please call:

DIMITRIOS ANAGNOS at *(954) 415-0145*

(Name of Person)

(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

**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.

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1. CIMA DISTRIBUTING, INC. 2004 MAR 29 P 1:05
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. PUERTO RICO, U.S.A. 3. 66-0636357
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01-20-2004 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. THE ATRIUM OFFICE CTR. 350 PONCE DE LEON AVE., SAN JUAN, PUERTO RICO
(Principal office address) 00901
12633 NW 17TH PLACE, CORAL SPRINGS FL 33071
(Current mailing address)

8. DISTRIBUTION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

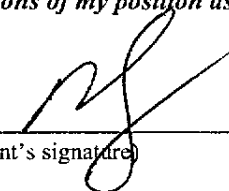
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: DIMITRIOS ANAGNOS

Office Address: 12633 NW 17TH PLACE
CORAL SPRINGS FL 33071, Florida 33071
(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.


(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DIMITRIOS ANAGNOS

Address: 12633 NW 17TH PLACE,

CORAL SPRINGS, FL 33071

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. DIMITRIOS ANAGNOS - PRESIDENT

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



**COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN PUERTO RICO**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GRICEL FALGAS RODRIGUEZ, Assistant Director, of the Corporate Registry of the Department of State of the Commonwealth of Puerto Rico,

CERTIFY: *That CIMA DISTRIBUTING, INC., file 140,980 is a profit corporation organized under the laws of Puerto Rico, on January 20, 2004 at 4:49 p.m.*

This certification does not imply that this corporation has filed the annual reports, pursuant to the requirement of Article 15.01 of the General Corporation Act. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.

***IN WITNESS WHEREOF, the undersigned
by virtue of the authority vested by laws,
hereby issue this certificate in the City of
San Juan, Puerto Rico today February 24,
of the year two-thousand four.***

***Gricel Falgás Rodríguez
Assitant Director
Corporate Registry***

**10200001940-473
GFR/rsr**