F04000000132

Del Mar Distributors 6871 Tammy Lane St. Augustine, Florida 32095	_
City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Del Mar Distributors, Inc.	
SCECET.	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.	Authorization to Transact Business in Florida", gister the above referenced foreign corporation to
Please return all correspondence concerning this matter	to the following:
Tammy Rogers	200
(Name of	Person)
Del Mar Distributors, Inc.	2000年
(Firm/Con	npany)
6871 Tammy Lane	
(Addr	2SS)
St. Augustine, FL 32095	800 2
(City/State a	nd Zip code)
For further information concerning this matter, please or	all:
Tammy Rogers at (904) 826-1989
(Name of Person) (Area C	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 & Service Status & 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.

ä	Del Mar Distributors, Inc.			
(1	Enter name of corporation; must include "INCOR	PORATED," "	COMPANY," "CORPORATION,"	1 7
"]	Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			Jan 1
				200 % 1
				ss in Florida)
(I	If name unavailable in Florida, enter alternate cor	porate name ado	pted for the purpose of transacting busine	ss in Florida)
2	State of New York	3	01-0695457	(A. 1)
(S	State of New York State or country under the law of which it is incorp	porated)	(FEI number, if applicable)	
4.	3/28/2002	5.	Perpetual Perpetual	160
	(Date of incorporation)	(D	Perpetual uration: Year corp. will cease to exist or	"perpetual")
6	Upon qualifiacation			
(Ē	Date first transacted business in Florida. If corpor			qualification.")
	(SEE SECTION	NS 607.1501, 60	7.1502 and 817.155, F.S.)	
7.	6871 Tammy Lane, St. Augustine, FL 3	32095		
	(Principa	al office address)	,
	6871 Tammy Lane, St. Augustine, FL 3	32095		
 -	(Current	mailing address)	
8.	Sales of imported beers and/or wine t	o wholesalers		
٠	(Purpose(s) of corporation authorized in hom			
			•	
	•			
9. N	Name and <u>street address</u> of Florida register	ed agent: (P.C	D. Box or Mail Drop Box NOT accept	table)
9. N	·			table)
	Name: C. John Redmon Jr.			table)
	·			table)
	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd.		- · · · · · · · · · · · · · · · · · · ·	table)
	Name: C. John Redmon Jr.		- · · · · · · · · · · · · · · · · · · ·	table)
Offic	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd. St. Augustine (City)		- · · · · · · · · · · · · · · · · · · ·	table)
Office	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd. St. Augustine (City) Registered agent's acceptance:		- _, Florida <u>32086</u> (Zip code)	
Office	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd. St. Augustine (City) Registered agent's acceptance: ing been named as registered agent and to a	eccept service o	, Florida <u>32086</u> (Zip code) f process for the above stated corpore	ation at the place
Office 10. Have design	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd. St. Augustine (City) Registered agent's acceptance: ing been named as registered agent and to a gnated in this application, I hereby accept the	ccept service o	, Florida <u>32086</u> (Zip code) f process for the above stated corpore as registered agent and agree to act	ation at the place in this capacity. I
Office 10. Have desig	Name: C. John Redmon Jr. ce Address: 288 Moses Creek Blvd. St. Augustine (City) Registered agent's acceptance: ing been named as registered agent and to a	ccept service o le appointment ll statutes relati	, Florida <u>32086</u> (Zip code) f process for the above stated corpord as registered agent and agree to act ive to the proper and complete perfor	ation at the place in this capacity. I
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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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

A. DIRECTORS Chairman: __ Address: _____ Vice Chairman: Address: ___ Director: ___ Address: Director: _ **B. OFFICERS** President: _Thomas Simone Address: 136 Willow Drive 01d Tappan, NJ 07675 Address: _____288 Moses Creek Blvd. St. Augustine, FL 32086 Secretary: Treasurer: Address: attach an addendum to the application listing additional officers and/or directors. NOTE: If necessary you may (signature of Director or Officer listed in number 12 of the application) 14. <u>C. John Redmon Jr.</u> (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of DEL MAR DISTRIBUTORS, INC. was filed on 03/28/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of March two thousand and four.

Secretary of State

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