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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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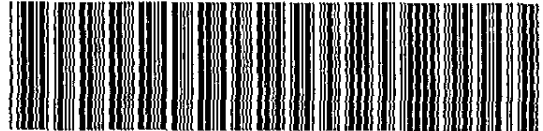
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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Merchandise Exchange Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

DBA Thrift Supply Management.

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:

Karen Peters
(Name of Person)
International Merchandise Exchange, Inc.
(Firm/Company)
4742 Liberty Rd S #173
(Address)
Salem, OR 97302
(City/State and Zip code)

For further information concerning this matter, please call:

Karen Peters at (503) 581-7372
(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

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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. International Merchandise Exchange Inc.

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

Thrift Supply Management

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

2. Oregon

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

3. 93-1298456

(FEI number, if applicable)

4. July 7, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1480 Oak St. Salem OR 97302

(Principal office address)

4742 Liberty Rd S #173 Salem, OR 97302

(Current mailing address)

8. We are a Clothing Broker in Oregon. An employee lives in Florida
(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 NOT acceptable)

Name: Becky Wilcoxon

Office Address: 2760 Cortez Blvd

Fort Meyers

(City)

, Florida 33901

(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.

Becky Wilcoxon

(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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A. DIRECTORS

Chairman: Todd Peters

Address: 4742 Liberty Rd S #173
Salem OR 97302

Vice Chairman: Karen Peters

Address: 4742 Liberty Rd S #173
Salem, OR 97302

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Todd Peters

Address: 4742 Liberty Rd S #173
Salem OR 97302

Vice President: _____

Address: _____

Secretary: Karen Peters

Address: Same

Treasurer: Karen Peters

Address: Same

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SECRETARY OF STATE

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

13. Karen Peters
(Signature of Director or Officer listed in number 12 of the application)

14. Karen Peters
(Typed or printed name and capacity of person signing application)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

INTERNATIONAL MERCHANDISE EXCHANGE INC.

was

incorporated

under the Oregon

Business Corporation Act

on

July 7, 2000

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

BILL BRADBURY, Secretary of State

By 

Marilyn R. Smith

October 21, 2005

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TALLAHASSEE, FLORIDA