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(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Req	uestor's Name)	
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SECRETARY OF STATE

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STATE SON SON 12 **TO:** New Filing Section Division of Corporations SUBJECT: NATIONWIDE (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: Deborah T CLACK
(Name of Person) NATION WIDE APPLIANCE
(Firm/Company) N ASHLEY S (Address) For further information concerning this matter, please call: at (229) 247-2710 (Area Code & Daytime Telephone Number) (Name of Person)

#### STREET/COURIER ADDRESS:

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check fo	or 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.

(Enter name of co	Nuide orporation; must incorp," "Inc," "Co," or	HOP LIA	TED," "COM	SA PANY,"	LES :	INC. ION,"		
NATION LA (If name unavaila	DE Al	PPLIANCE r alternate corporate i	SALES	g- for the pu	SCRV 10	Cting busine	NC.	orida)
2. (State or country t	inder the law of wh	ich it is incorporated	3. <b>2</b>	<b>b</b> - 6	55740 El number, if a	74 applicable)		<del></del>
4. 91	13 JOL of incorporation)		5.		Perpe	(ual	"perpeti	 ıal")
6		first transacted busin				bility)		
		WesT (Principal offic	38th e address)		•	•	FL	<u>33</u> 31,
8. <u>Sale</u>	of Reg	ond Tione horized in home state	d App	liana	.•	r m) – Li de V		
-	t address of Floric	da registered agent:	(P.O. Box <u>N</u>			SECRETARY	2001 FEB 20	
Office Address:		Avenue North,	_		2/102	OF ST	ס –	
	Naples	(City)	, Fl		34102 (Zip code)	ATE	l: 12	
10. Registered ag		: gent and to accept	service of pro	cess for	the above sta	ited corpor	ation at	the place

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/of directors.	
A. DIRECTORS	
Chairman: Deborah T CLA	<u>,r K</u>
Address: _2015 N Ashley ST	·
VALDOSTA	
Vice Chairman: SAME AS Above	1 3
Address:	
	71.0
Director: Same As Above	7001 F
Address:	
	SSEY 20
Director: Same as above  Address:	P. D
Address	ORA II
Address:	<del></del>
B. OFFICERS	
President: Deborah T CLA	eK
Address: 2015 N Ashley ST	
VALDOSTA, CA 3	1605
Vice President:	
Address:	
Addiess.	
Secretary:	
Address:	
Treasurer:	
Address:	
_	
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
13. Leboral & Clark	
(Signature of Director or Officer listed in	O T
14	foreson signing application)
(Typed or printed name and capacity of	r person signing application)

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF INCORPORATION



I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

#### NATIONWIDE APPLIANCE SALES INC.

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on 09/13/2006 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on September 13, 2006



Cathy Cox Secretary of State