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Division of Corporations
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TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Long Wholesale, Incorporated

Certificate of Status	0
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**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. LONG WHOLESALE, INCORPORATED

*(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. MISSISSIPPI

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

3. 64-0333026

(FBI number, if applicable)

4. 01/30/1953

(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. 5173 PIONEER DRIVE MERIDIAN MS 39301

(Principal office address)

P O BOX 667 MARION MS 39342

(Current mailing address)

8. WHOLESALE GROCERY, AND TOBACCO

(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: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida 33324

(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.

By: 

(Registered agent's signature)

CT Corporation System

Robert S. Lane

Assistant Secretary

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.

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

A. DIRECTORS

Chairman: RAY N LONG JR

Address: 4512 8TH AVE

MERIDIAN MS 39301

Vice Chairman: SAM E LONG III

Address: 600 NORTHWOOD COMMONS DRIVE

MERIDIAN MS 39301

Director: RANDY LONG

Address: 201 NORTH FULTON DR

CORINTH MS 38835

Director: LINDA SUE LONG MARSHALL

Address: P O BOX 667

MARION MS 39342

B. OFFICERS

President: ERST LONG JR

Address: 5173 PIONEER DRIVE

MERIDIAN MS 39301

Vice President: RAIFORD N LONG

Address: P O BOX 667

MARION MS 39342

Secretary: SAM E LONG III

Address: 5173 PIONEER DRIVE MERIDIAN MS 39301

Treasurer: SAM E LONG III

Address: 5173 PIONEER DRIVE MERIDIAN MS 39301

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

13. Ray N Long Jr
(Signature of Director or Officer listed in number 12 of the application)

14. Ray N Long Jr, Director
(Typed or printed name and capacity of person signing application)

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07 JUN 22 PM 4:05
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State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on January 30, 1953, the State of Mississippi issued a Charter/Certificate of Authority to:

LONG WHOLESALE, INCORPORATED

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
May 9, 2007

Eric Clark

ERIC CLARK
Secretary of State

Certification Number: 9039859-1 Page 1 of 1 Reference:
Verify this certificate online at <http://www.sos.state.ms.us/busserv/corp/verify>