

**F07000003438**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JUL -5 P 3:52

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

07 JUL -6 PM 2:16

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 28, 2007

GERALD GRAY  
603 STEWART ST., SUITE 616  
SEATTLE, WA 98101

SUBJECT: TROY COMPANY INC  
Ref. Number: W07000030629

We have received your document for TROY COMPANY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 807A00042262

NEW NAME:  
"Troy Fuel Co."

one business day  
or more business days with pay a fee for each day the document is not  
properly corrected and returned to the Division of Corporations  
within the 60-day period.

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** TROY COMPANY INC

(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:

GERALD GRAY

(Name of Person)

TROY COMPANY INC

(Firm/Company)

603 STEWART STREET, SUITE 616

(Address)

SEATTLE, WA 98101

(City/State and Zip code)

For further information concerning this matter, please call:

GERALD GRAY

(Name of Person)

at ( 206 ) 448-3539

(Area Code & Daytime Telephone Number)

**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 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. ~~TROY COMPANY INC~~ Troy Fuel Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~TROY INC~~ Troy Distributing Co  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WA 3. 91-2073011  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/2000 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 603 STEWART STREET, SUITE 616, SEATTLE, WA 98101  
(Principal office address)

SAME  
(Current mailing address)

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

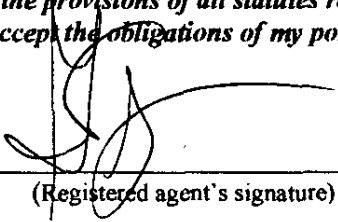
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GERALD GRAY

Office Address: 1101 NE 176 TERRANCE  
NORTH MIAMI, Florida 33162  
(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.

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STATE OF FLORIDA  
TALLAHASSEE

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

**A. DIRECTORS**

Chairman: MARY RUSSELL

Address: 15115 SE 42ND ST, BELLEVUE, WA 98006

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: MARY RUSSELL

Address: 15115 SE 42ND ST, BELLEVUE, WA 98006

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. Mary Russell  
(Signature of Director or Officer listed in number 12 of the application)

14. MARY RUSSELL  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington

Secretary of State



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**TROY COMPANY, INC.**

**I FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 2/10/2000.

**I FURTHER CERTIFY** that as of the date of this certificate, TROY COMPANY, INC. remains active and has complied with the filing requirements of this office.

Date: June 13, 2007

UBI: 602-013-107



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

*Sam Reed*

Sam Reed, Secretary of State

2007 JUN 13 9 52 AM  
SECRETARY OF STATE  
OLYMPIA, WA 98501-6000