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SECRETARY OF STATE
WILLAHASSEE, FLORIDA

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COVER LETTER

COVER LETTER TO: New Filing Section Division of Corporations SUBJECT: MCHARL SUPPLY CO. 1NC.
(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:
TOM BURTON
(Name of Person)
MICHAEL SUPPLY CO. ILLC.
MICHAEL SUPPLY CO. ILC. (Firm/Company)
1911 EAST AVERY ST (Address)
· · ·
PENSACOLA, FL 32503
(City/State and Zip code)
For further information concerning this matter, please call: TOM BURDH at (890) 324-7158
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sum \text{S78.75 Filing Fee & Box Certificate of Status} \sum \text{S78.75 Filing Fee & Certified Copy} \text{S87.50 Filing Fee, Certificate of Status & Certified Copy} \text{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. MICHAEL		COMPALY			
		le "INCORPORATED,	" "COMPANY,	" "CORPORATIO	N,"
"Inc.," "Co.," "Co	гр," "Inc," "Co," or "С	⁄огр.")			
T.F. 1	BURTON				
		ternate corporate name	adopted for the	purpose of transacting	ng business in Florida)
_ 4	44	_	, 3	0110510	
2. ALABAI	nder the law of which	it is incorporated) 3.	<u> </u>	(EEI number if ann	licable)
1	1				
		5.	PERPE	JUAL_	
(Date o	of incorporation)		(Duration: Ye	ar corp. will cease to	exist or "perpetual")
6.					
		st transacted business i			, , .
	(SEE SECTIO	NS 607.1501 & 607.1:	502, F.S., to dete	rmine penalty liabili	ity)
7. 28707	SAMPSON	AVE	OBALKAK	BEACH.	AL 3656
		(Principal office add	ress)		<u> </u>
1911 Ex	ST AVERY	cr acik	A ~ ~ A	ru 326	503
1 11(270	J. Aver-1	ST PELS (Current mailing add	ress)		<u> </u>
		(
8. C751164	en col	SERVICE)			
		ized in home state or co	nuntry to be carri	ed out in state of Flo	orida)
Name and <u>street</u>	address of Florida r	egistered agent: (P.C	D. Box NOT ac	ceptable)	AND JUN II
Name:	TOM E	WETON			
Manne.		<u> </u>	···		
Office Address:	1911 EAS	ST AVERY	ST		
	Parks 4			205 2	T T
	PELDAC	(City)	, Florida	(7in code)	S S S
	'	City)		(Zap code)	(한 5년 5년
10. Registered age	ent's acceptance:				
					d corporation at the place
_			_	-	ee to act in this capacity. I
		sions of all statutes r obligations of my po			te performance of my duties
1 mm jammuu 1	wow weeps site	ounguisons of my po	Server as regul		
		A			
		72			
	(Danie)	ered agent's signature)			
	(wegist	cica agein a 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:	
A. DIRECTORS	
Chairman:	MASAL D.
Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Vice Chairman:	
Address:	
Director:	······································
Address:	
Director:	
Address:	
B. OFFICERS	
President: THOMAS BURTON	
Address: 1911 EAST AVERY ST	
MALSACOLA, FL 32503	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13	
(Signature of Director or Officer listed in number 12 of the ap	plication)
14. THOMAS BURTON (PRES) (Typed or printed name and capacity of person signing appl	ination
(Typed or printed name and capacity of person signing appli-	icauou)

Beth Chapman Sècretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Michael Supply Company, Inc. incorporated in Talladega County, Talladega, Alabama on September 23, 1927. I further certify that the records do not disclose that said Michael Supply Company, Inc. has been dissolved.

SECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

June 3, 2008

Date

Beth Chapman

Beth Chapman

Secretary of State