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COVER LETTER

	TO: New Filing Section Division of Corporations						
	SUBJECT: NORTHWIND MERCHANT 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:							
CHUCK WARGIN							
(Name of Person)							
NORTHWIND MERCHANT COMPANY, INC.							
	(Firm/Company)						
	4404 W. 24TH PLACE						
(Address) LAWRENCE, KS 66047							
(City/State and Zip code)							
	For further information concerning this matter, please call: HELDER TO A CREET AND A CREE	2009 APR 20					
	Charlotte Wargin at (785) 856-1183 (Name of Person) (Area Code & Daytime Telephone Number)						
	(Name of Person) at (785) 856-1183	AH 7. 00					
	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 \$ \$78.75 Filing Fee \$ \$87.50 Filing Fee, Certificate of Status Certified Copy 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 c	/IND MERCHANT COMPAN corporation; must include "INCORPORATED		_
"Inc.," "Co.," "C	forp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida	1)
_{2.} COLORAI	DO 3	51-0616798	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4 01/01/200	o7 5	PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6, 01/01/200	9		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
₇ 4404 W. 2	4TH PLACE LAWRENCE,	KS 66047	
<u> </u>	(Principal office ad	dress)	_
4404 W. 2	4TH PLACE LAWRENCE,	KS 66047	200
	(Current mailing ad	dress) ART	9 API
8. PAYROLI	_	ASSE ASSE	2009 APR 20
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	<u>.</u> .
9. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	E E C C E
Name:	GABRIEL WARGIN	Dr:	23
Office Address:	133 NE 2ND AVE		
	MIAMI	, Florida 33132	
	(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.

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

A. DIRECTORS			
Chairman:			
Address:	<u></u>		
Vice Chairman:			<u> </u>
Address:			
Director:			
Address:			
Director:			***************************************
		-	
Address:	SE(2009	
B. OFFICERS	RE 14	APR	GL.
President: GABRIEL WARGIN	SSEE	20	ſ
Address: 133 NE 2ND AVE MIAMI, FL 66047	-F-S	AH 7:	/\ {
	DRIE.	.: - <u>23</u> -	
Vice President: CHARLES R WARGIN	<i></i> >	ω 	
Address: 4404 W. 24TH PLACE LAWRENCE, KS 66047			
	···········		
Secretary:Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors	·•	
13. (Signature of Director or Officer listed in number 12 of the application)			
14. Gabriel Wargin Office & Registered Agent (Typed or printed name and capacity of person signing application)			
(Typed or printed name and capacity of person signing application)			

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Northwind Merchant Company, Inc.

is a **Corporation** formed or registered on 12/27/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061525709.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/09/2009 that have been posted, and by documents delivered to this office electronically through 04/14/2009 @ 10:56:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/14/2009 @ 10:56:51 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7343725.



2009 APR 20 AM 7: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIE

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/btz/CertificateSearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."