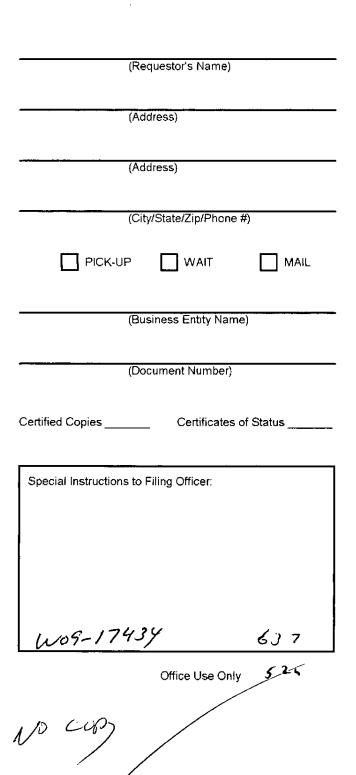
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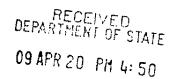
2009 APR 20 PM 4: 46

T. Burch APR 21 2009

COVER LETTER

TO: New Filing Section Division of Corporations									
SUBJ	ECT:	ACADIA	WHOLESA	LE 8	TOBA	cco co. I	NC.		
			(Name c	f corp	oration -	must include s	uffix)	
Dear S	ir or Mada	am:							
"Certif	icate of E							act Business in Florida," enced foreign corporation to	
Please	return all	corresponden	ce concerning	g this 1	matter to	the following:			
			REBECCA	BON	VILLA	IN			
				(Na	me of Pe	rson)			
		ACADI	A WHOLES	ALE	& TOB	ACCO CO.,	IN	NC.	
				(Fir	m/Comp	any)			
	Р.	O. BOX	189, СНИ	RCH	POINT	, LA 705	25		
					(Address)			
				(City/	State and	Zip code)			
For fur	ther inform	mation concer	ming this mat	ter, pl	ease call:				
REBE	CCA BO	NVILLAIN	ai	. (337	684-5411		hone Number)	
	(Name o	of Person)		(Area Cod	e & Daytime 7	elep	hone 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				
Enclose	ed is a che	eck for the fol	lowing amou	nt:					
▼ \$70.	00 Filing		78.75 Filing F Certificate of		_	8.75 Filing Fed ertified Copy	e &	\$87.50 Filing Fee, Certificate of Status & Certified Copy	





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2009

REBEBBA BONILLAIN PO BOX 189 CHURCH POINT, LA 70525

SUBJECT: ACADIA WHOLESALE & TOBACCO CO., INC.

Ref. Number: W09000017434

We have received your document for ACADIA WHOLESALE & TOBACCO CO., 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date of incorporation in number 4 of the application, and the date of incorporation on the certificate must match.

Please return 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) 245-6928.

Letter Number: 209A00012500

Tim Burch Regulatory Specialist II

Division of Corporations - P.O. ROY 6327, Tallahassaa, Florida 32314

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	1. ACADIA WHOLESALE & TOBACCO CO. INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						2	
							2009 APR 2	
								<u>τΠ</u>
	(If name unavailab	ole in Florida, enter alternate corporate name ad	lopted for the	purpose of trans	acting business	in Florida)	32	$\dot{\Box}$
2	. LOU	ISIANA 3.	72	-1410862		38	Ť.	
•	(State or country un	nder the law of which it is incorporated) 3.		(FEI number, if	applicable)	Dr.	94	
4	FEBRUARY	25, 1998 5.					-	
•	(Date o	of incorporation) (Duration: Ye	ar corp. will cea	se to exist or "pe	erpetual")	•	
6	NO BUSI	NESS TRANSACTIONS AS OF TH						
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9684 CHURCH POINT HWY., CHURCH POINT, LA 70525								
, .	·	(Principal office addres	ss)					
	Р. О. ВО	X 189, CHURCH POINT, LA	70525					
		(Current mailing addres	ss)					
8.		LE OF GROCERY, GENERAL MDS				NOVEL'	ΤΥ	ITEMS
	(Purpose(s)	of corporation authorized in home state or cour	ntry to be carri	ed out in state o	f Florida)			
9.	. Name and street	address of Florida registered agent: (P.O. l	Box <u>NOT</u> ac	ceptable)				
	Name:	C T CORPORATION SYSTEM	_					
o	office Address:	1200 SOUTH PINE ISLAND RO	DAD					
-		PLANTATION,	— , Florida	33324				Æ
		(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.

E.A. Wallace
Assistant Secretary

(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:	> 1.63	2009	
Address:			
	7.3		1
	Ordina Proc	20	T
Vice Chairman:	(x)		in-
Address:	= 1-	<u>+:</u>	
	DA I	16	
Director:			
Address:			
			
Director:		 -	
Address:			_
B. OFFICERS			
President: GEORGE CASANOVA			
P. O. BOX 189			
Address:CHURCH POINT, LA 70525			
CHOREN TOTAL, DA 70323	_		
Vice President:			
Address:	_		
Secretary:/TREASURER REBECCA BONVILLAIN	<u> </u>		
Address: P. O. BOX 189, CHURCH POINT, LA 70525			_
Treasurer:			
Address:			
NOTE: If necessary, your may attach an addendum to the application listing additional officers and/or of	directors		
() () () () () () () () () ()	meetors.		
(Signature of Director or Officer listed in number 12 of the application)			_
14. Rebecca K. Bonullain, Secretary Treas (Typed or printed name and capacity of person signing application)	ww	! 	
(13 ped of printed name and capacity of person signing application)			

United States of America State of Louisiana



As Secretary of State, Jay Dardenne, I do hereby Certify that

ACADIA WHOLESALE & TOBACCO CO., INC.

A corporation domiciled in CROWLEY, LOUISIANA,

Filed charter and qualified to do business in this State on February 25, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set My hand and caused the Seal of my Office To be affixed at the City of Baton Rouge on,

March 23 2009

Secretary of State



Certificate ID: 20090323002016

To validate this certificate, visit the following web site, go to Commercial Division, Validate Certificate, then follow the instructions displayed.

www.sos.louisiana.gov