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(Requestor's Name)

(Address)

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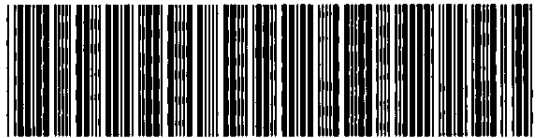
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -3 AM 11:41

MD 6/5

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Glover Wholesale 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:

Billy Chavers, CFO
Name of Person
Glover Wholesale Company, Inc.
Firm/Company
119 Old Andersonville Road,
Address
Americus, GA 31719
City/State and Zip code
bchavers@gloverfoods.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Chavers at (229) 924-2974
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2009

BILLY CHAVERS
119 OLD ANDERSONVILLE ROAD
AMERICAS, GA 31719

SUBJECT: GLOVER WHOLESALE COMPANY, INC.
Ref. Number: W09000023634

We have received your document for GLOVER WHOLESALE 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 509A00017032

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.

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DIVISION OF CORPORATIONS

1. Glover Wholesale Company
(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. Georgia 3. 58-0261510
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/1/1903 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 7, 2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 119 Old Andersonville Rd, Americus GA 31709
(Principal office address)

same
(Current mailing address)

8. Broadline wholesale food sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

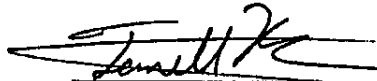
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Rd.
Plantation, Florida 33324
(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.



Ternell Kearney Asst. 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

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Chairman: William S. Harris Sr.

Address: 1801 Rose Avenue

Americus, GA 31709

Vice Chairman: David Harris

Address: 1829 Overlook Drive

Columbus GA 31906

Director: Ed Shattles

Address: PO Box 346

Americus GA 31709

Director: William S. Harris Jr.

Address: 115 E Furlow Street

Americus GA 31709

Director: Carr Dodson

435 2nd St

Macon GA 31208

B. OFFICERS

President: William S. Harris Sr.

Address: 1801 Rose Avenue

Americus, GA 31709

Vice President: David Harris

Address: 1829 Overlook Drive

Columbus, GA 31906

Vice President: Ed Shattles

PO Box 346

Americus GA 31709

Secretary: Billy Chavers

Address: 1705 Rose Ave, Americus GA 31709

Treasurer: Billy Chavers

Address: 1705 Rose Ave, Americus GA 31709

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

13. Billy Chavers

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

14. BILLY CHAVERS, CFO, Treasurer, Secretary

(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

JONES, CORK & MILLER LLP
CARR G. DODSON
P. O. BOX 6437
MACON, GA. 31208-6437

DOCKET NUMBER : 090527100
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JURISDICTION : GEORGIA
PRINT DATE : 05/27/2009
FORM NUMBER : 211

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CERTIFICATE OF EXISTENCE

I, Karen C Handel, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GLOVER WHOLESALE COMPANY
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Karen C Handel
Secretary of State