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(Business Entity Name)
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SECRETARY OF STATE TALLAHASSEE FI OPINA.

T. Burch JUL 31 2005

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: W.J. Distribution	Corporation	
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence," and check are submitted to register transact business in Florida.		
Please return all correspondence concerning this matter to the	e following:	
Kim Jous		
Name of Persor	n	
W.J. Distribution Corp	poration	
Firm/Company		
P. O. BOX B		
Address		
South Charleston OH	45368	
City/State and Zip	code	
him/@tizwhizfeeds.c	ow	
E-mail address: (to be used for futi	ure annual report notification)	
Address South Cha-leston OH City/State and Zip KIMJ @ +12wh12feeds. C E-mail address: (to be used for futter For further information concerning this matter, please call:		
Kim Jous at (957)	162-8105	
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:		
	.75 Filing Fee & \$\ \tag{\$87.50}\$ Filing Fee, cified Copy Certificate of Status & Certified Copy	

BUSINESS IN FLORIDA	
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED, REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	2009 JUL 3
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," ."Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	UL 30 PH 4: 27
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	rida)
2. Ohio (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 12-9-04 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpet	ıal")
6. 4-28-09 (Data first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 10123 Huntington Rd. South Charleston OH 45 (Principal office address)	368
(Principal office address)	
PO BOX B South Charleston ON 45368 (Current mailing address)	
(Current matting address)	
8. Sate of animal feed and how (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)	
Office Address: 13657 NW Gainesulle Road	
Office Address: 13557 NW Gaines ville Road	
Reddick FL, Florida 32686 (City)	
(City) (Zip code)	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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)

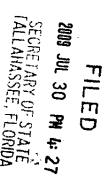
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS Chairman: Vice Chairman: Address: ______ Director: __ Address: Director: Address: **B. OFFICERS** President: __ Jason R. DeHaven Address: ____7621 N. RIVER Rd Springfield ON 45502 Vice President: Elwood R. De Haven Address: P. O. Boy 503 South Charleston 011 45368 Secretary: Address: Treasurer: _____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) R. De Naven Yason (Typed or printed name and capacity of person signing application)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WJ DISTRIBUTION CORPORATION, an Ohio corporation, Charter No. 1506987, having its principal location in South Charleston, County of Clark, was incorporated on December 09, 2004 and is currently in GOOD STANDING upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of July, A.D. 2009

Ohio Secretary of State

Validation Number: V2009204J71ADB