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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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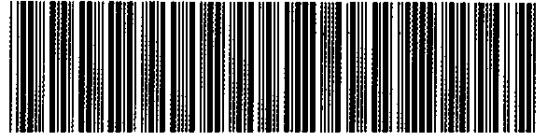
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/09--01012--004 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pizza Wholesale of Lexington, 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," or "Certificate of Good Standing" 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:

Dennis Swan, Controller

Name of Person

Pizza Wholesale of Lexington, Inc.

Firm/Company

P.O. Box 757

Address

Paris, KY 40362-0757

City/State and Zip code

dennis.swan@hbpizza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis V Swan

Name of Person

at (859) 987-4743

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 Cop ☐ \$87.50 Filing Fee, 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.*

1. Pizza Wholesale of Lexington, Inc.

(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. Kentucky

(State or country under the law of which it is incorporated)

3. 61-0967182

(FEI number, if applicable)

4. December 19, 1979

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

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

7. 110 Cleveland Drive, Paris, KY 40361

(Principal office address)

P.O. Box 757, Paris, KY 40362-0757

(Current mailing address)

8. Packaged Frozen Food Wholesaler

(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: SEE ATTACHED

Office Address: _____

_____, Florida _____
(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.

SEE ATTACHED
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PIZZA WHOLESAL OF LEXINGTON, INC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

BY: 

(Signature)

Lamont W Jones, Assistant VP

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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

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AND
FILED

A. DIRECTORS

Chairman: _____ 09 OCT 26 PM 2:11

Address: _____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James S Hunt,

Address: 601 Canebrake Dr.

Lexington, KY 40509

Vice President: Daryl E. Schutz

Address: 401 Mt Ashley Rd.

Evansville, IN 47711

Secretary: James S Hunt

Address: 601 Canebrake Dr. Lexington, KY 40509

Treasurer: James S Hunt

Address: 601 Canebrake Dr. Lexington, KY 40509

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. DARYL E. Schutz, SR VP

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

Commonwealth of Kentucky
Trey Grayson, Secretary of State

10/9/2009

Division of Corporations
Business Filings
P. O. Box 718
Frankfort, KY 40602
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication Number: 86941

Jurisdiction: Pizza Wholesale of Lexington, Incorporated

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to authenticate this certificate.

APPROPRIATE
AND
FILED
09 OCT 26 PM 2:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PIZZA WHOLESAL OF LEXINGTON, INCORPORATED

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is December 19, 1979 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of October, 2009.



Tn6z
Trey Grayson
Secretary of State
Commonwealth of Kentucky
86941/0143204