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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

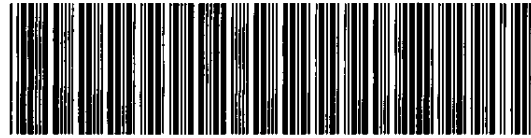
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. Shivers OCT 08 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C.O. Truxton Incorporated

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:

Jackie Lapento

Name of Person

C.O. Truxton, Inc.

Firm/Company

P.O. Box 1081

Address

Bellmawr, NJ 08099

City/State and Zip code

jackietruxton@comcast.net

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

For further information concerning this matter, please call:

Jackie Lapento

at (856) 933-2333

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

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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. C.O. Truxton, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Truxton, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 210-692-341/000
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 3, 1963 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 136 Harding Ave. Bellmawr, NJ 08031
(Principal office address)

P.O. Box 1081 Bellmawr, NJ 08099
(Current mailing address)

8. Non-Resident Prescription Drug Manufacture
(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)

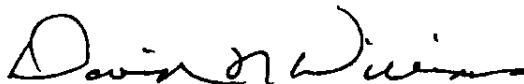
Name: Agents and Corporations, Inc.

Office Address: 300 Fifth Avenue South, Suite 101-330

Naples, Florida 34102
(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.

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

A. DIRECTORS

Chairman: NIA
Address: _____

Vice Chairman: NIA
Address: _____

Director: NIA
Address: _____

Director: NIA
Address: _____

B. OFFICERS

President: Paul F. Devine
Address: 136 Harding Ave. Bellmawr, NJ 08031

Vice President: Brian C. Devine
Address: 136 Harding Ave. Bellmawr, NJ 08031

Secretary: NIA
Address: _____

Treasurer: NIA
Address: _____

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

1. Paul F. Devine
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paul F. Devine, Owner/President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

C. O. TRUXTON, INC.

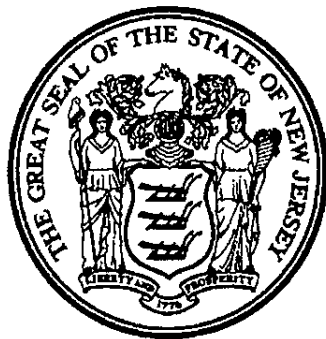
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 29, 1957.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Jeffrey S Craig Esq
Kelley Wardell & Craig
41 Grove Street
Haddonfield, NJ 08033 0000*



Certification# 118383224

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
5th day of October, 2010*

Andrew P Sidamon-Eristoff
State Treasurer

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TALLAHASSEE, FLORIDA

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