000005079

(Requestor's Name)			
•			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			

Office Use Only

637-W10000052713



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COVER LETTER

TO: New Filing So Division of Co	
subject: <u>Su</u>	Miran Supply, Inc.
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
	ation by Foreign Corporation for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign corporation to orida.
Please return all corres	spondence concerning this matter to the following:
Bede Sull	iVam
	(Name of Person)
Sullivan Su	indu elne.
	(Firm/Company)
701 Fax	Da Ave.
	(Address)
Dunlas, I	A 51579
	(City/State and Zip code)
For further information	n concerning this matter, please call:
N. A. S. M	\h. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Pers	ivan at (712) 643-5902 Son) (Area Code & Daytime Telephone Number)
(Name of Fers	(Area Code & Daytime Telephone Number)
	C.F.
New Filing Sec Division of Co Clifton Buildin 2661 Executive	URIER ADDRESS: ction Orporations org e Center Circle MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FI	. 32301
Enclosed is a check for	the following amount:
\$1,870.00 Filing Fee	Certificate of Status S78.75 Filing Fee & Certified Copy Certificate of Status & Certified Copy



November 10, 2010

DEDE SULLIVAN 701 IOWA AVENUE DUNLAP, IA 51529

SUBJECT: SULLIVAN SUPPLY, INC.

Ref. Number: W10000052713

We have received your document for SULLIVAN SUPPLY, 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.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 010A00026474

2010 NOV 18 PM 1: 26

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.

(Enter name of cor	Supply Inc. poration; must include "INCORPORATE p." "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,	NO.
(If name unavailab	le in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting	business in Florida)
2. Four	nder the law of which it is incorporated)	1. 42-1383939	
(State or country un	nder the law of which it is incorporated)	(FEI number, if applie	cable)
4199	fincorporation)	5. <u>perperval</u>	
(Date o	f incorporation)	(Duration: Year corp. will cease to e	exist or "perpetual")
6. 12/1/201	<u>D</u>		
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability	/)
7. 701	Torus Ave Aunton 7	CA 51579	
7	Fowa Ave Dunley I (Principal office ac	ldress)	
	Same		
•	(Current mailing ac	Idress)	
8. Salva (Purpose(s))	165006 Grooming Drad of corporation authorized in home state or	country to be carried out in state of Flori	(da)
			~ °
9. Name and street	address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	
Name:	Dedi Sullivan		OLO NOV 18
Office Address:	300 5th Aus 5 Naples, Fc (City)	<u> </u>	20 CO
	naples. Fu	Florida 34102	
	(City)	(Zip code)	: 25
10. Registered age	nt's acceptance:		٠,

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 um familiar with and accept the obligations of my position as registered agent.

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	h SU
Chairman: John Sullivan	SECRETARY OF STATE SIMILATION OF CORE. OF
Address: _ 300 5th Auc 5	2010 NOV 18 PM 1: 26
Mysles FL 34102	
Vice Chairman: Dede Sullivar	
Address: 300 CHU HULS	
Naples, FL 3410Z	
Director: James Hanigan	
Address: 132 Hwy 37	
Dunlap IA 51529	
Director: <u>De de Sulliran</u>	
Address: Seml	
B. OFFICERS	•
President: John Sullivan.	
Address: 300 5th Auc 5	
Naples FL 34102	- Alley game and a second
Vice President: John Sulliva-	
Address:Aaml	
Secretary: Nede Sullivan	
Address: 300 GM Aves Naples FC 34102	
Treasurer: Dedi Sullivan	
Address: Sewe	
NOTE: If necessary, you may attach an addendum to the application listing addition $\int_{-\infty}^{\infty} dx dx dx$	nal officers and/or directors.
13. Kill Steller (Signature of Director or Officer listed in number 12 of the a	oplication)
14 Neste Sullatore	
(Typed or printed name and capacity of person signing app	lication)



SECRETARY OF STATE

Date: 10/20/2010

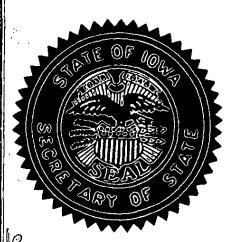
CERTIFICATE OF EXISTENCE

Name: SULLIVAN SUPPLY, INC. (490 DP - 157272)

Date of Incorporation: 4/1/1992

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.





SECRETARY OF STATE