

F1100000/414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

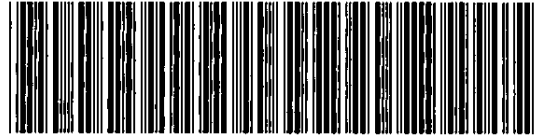
(Document Number)

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03/31/11--01010--017 **78.75

RECEIVED
11 MAR 31 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
11 APR -1 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FE

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ANCOR Distribution Management (FLA.) LTD. CO.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2011

FILINGS, INC./ TERESA ROMAN

SUBJECT: ANCOR DISTRIBUTION MANAGEMENT (PTY.) LTD. CO.
Ref. Number: W11000018424

We have received your document for ANCOR DISTRIBUTION MANAGEMENT (PTY.) LTD. CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 811A00007884

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. Ancor Distribution Management (Pty.) Ltd. Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

D/B/A Convergenx Distribution Management

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

2. South Africa 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 1, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Gillooly's View Office Park, Osborne Lane, Ground Floor, Block A, Bedfordview, Gauteng 2008 South Africa
(Principal office address)
P.O. Box 3208, Bedfordview, Gauteng 2008, Republic of South Africa
(Current mailing address)

8. Courier, freight, logistics and distribution management
(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: LAW OFFICES OF GRANT KAPLAN, P. A.

Office Address: 7100 W. Camino Real, Suite 100

Boca Raton, Florida 33433
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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:

APPROVED
AND
FILED

A. DIRECTORS

Chairman: Nicholas Gregory Kuhn

11 APR - 1 AM 7:26

Address: 2 Dunvegan Estates, 22 Len Oates Rd.
Dunvegan, Gauteng 1609 South Africa

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: André Gabriel Fouché

Address: 8 Benard Road, Morninghill
Bedfordview, Gauteng 2008 South Africa

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nicholas Gregory Kuhn

Address: 2 Dunvegan Estates, 22 Len Oates Rd.
Dunvegan, Gauteng 1609 South Africa

Vice President: André Gabriel Fouché

Address: 8 Benard Road, Morninghill
Bedfordview, Gauteng 2008 South Africa

Secretary: Nicholas Gregory Kuhn

Address: 2 Dunvegan Estates, 22 Len Oates Rd., Dunvegan, Gauteng 1609 South Africa

Treasurer: André Gabriel Fouché

Address: 8 Benard Road, Morninghill, Bedfordview, Gauteng 2008 South Africa

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

13. _____



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. Nicholas Gregory Kuhn, President

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



South African Revenue Service
 Suid-Afrikaanse Inkomstediens
 Uphiko lwezimali Ezingenayo eNingizimu Afrika
 Tirelomatlotlo ya Afrika-Borwa

Tax Clearance Certificate Number
 0064/2/2011/0002128363

Tax Clearance Certificate - Good Standing

Enquiries
 0800 00 72 77

Approved Date
 2011-03-16

Expiry Date
 2012-03-15

Trading Name	CONVERGEX DISTRIBUTION MANAGEMENT	
Legal Name	ANCOR DISTRIBUTION MANAGEMENT (PTY) LTD	
Identity Number/ Passport Number		
Company Registration Number	2007/017196/07	
Income Tax Reference Number	9259582162	
VAT/Diesel Registration Number	4590240117	
PAYE Registration Number	7780769156	
SDL Registration Number	L780769156	
UIF Registration Number	U780769156	
Tender Number	GoodStanding	

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 TALLAHASSEE, FLORIDA

It is hereby confirmed that, on the basis of the information at my disposal, the above-mentioned taxpayer has not contravened the provisions of Income Tax Act (1962), Value Added Tax Act (1991), Employees Tax (PAYE as contained within the Income Tax Act 1962), Skills Development Levies Act (1999) or Unemployment Insurance Contributions Act (2002), as at date of this certificate.

This Certificate is Valid for a period of 1 (One) Year from the date of approval.

Verification of this certificate can be done at any SARS Revenue office nationwide.

Photo copies of this certificate are not valid.

SARS reserves the right to withdraw this certificate at any time should any taxes, levies or duties become due and outstanding by the above taxpayer during the one year period for which the certificate is valid.