F1100001712

| (Requestor's Name) | | |
|---|--------------------|-------------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | ne #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000202004160

04/18/11--01053--008 **70.00

2011 APR 18 PM 4: 26

क् म/20/11

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|--|
| SUBJECT: AB Distribution, Inc. | |
| Name of corporation - must include suffix | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact E "Certificate of Existence," or "Certificate of Good Standing" and check are submit above referenced foreign corporation to transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| Frances Pilg | |
| Name of Person | |
| AB Distribution, Inc. | |
| Firm/Company | |
| PO BOX 4099 | |
| Address | |
| Paso Robles, CA 93447 | |
| City/State and Zip code | |
| francespilg@gmail.com, E-mail address: (to be used for future annual report noti | Faction |
| E-mail address: (to be used for future annual report not | rication) |
| For further information concerning this matter, please call: | |
| Frances Pilg at (805) 226-4035 | |
| Name of Person Area Code & Daytime Telephone | Number ~ © |
| | SECRET |
| STREET/COURIER ADDRESS: MAILING ADD New Filing Section New Filing Section | - ¬¬>; |
| Division of Corporations Division of Corpo | orations Sale |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL | 32314 |
| Tallahassee, FL 32301 | 32314 4. 26 |
| Enclosed is a check for the following amount: | o |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certified Copy | \$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.

| AB DISTRIBUTION, INC. | |
|--|--|
| Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | |
| 'Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | |
| | |
| American Beta Inc. If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| | |
| California 3. //// 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) | |
| 1/17/2007 _{5.} Perpetual | |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| | |
| (Date first transadted business in Florida, if prior to registration) | |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 228 11th Street Unit 103, Paso Robles, CA 93446 | |
| (Principal office address) | |
| PO BOX 4099, Paso Robles, CA 93447 | |
| · (Current mailing address) | |
| | |
| To Distribute motorcycles | c |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | ₹ |
| Name: InCorp Services, Mc. | 52 52 52 52 52 53 54 54 54 54 54 54 54 54 54 54 54 54 54 |
| Name: InCorp Services, Inc. | 9 5 2 |
| • | 37 |
| ice Address: 17888 67th Court North | - 99°¢- |
| Loxahatchee , Florida 33470 | 25 |
| (City) (Zip code) | |
| Registered agent's accentance: | |

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)

Services, Inc.

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 | DIVISION OF CORPORATION: |
|--|------------------------------------|
| Chairman: Tim Pilg | 2011 APR 18 PM 4: 26 |
| Address: 2501 Starling Dr. | |
| Paso Robles, CA 93446 | |
| Vice Chairman: Frances Pilg | |
| Address: 2501 Starling Dr. | |
| Paso Robles, CA 93446 | |
| Director: Tim Pilg | |
| Address: 2501 Starling Dr. | |
| Paso Robles, CA 93446 | |
| Director: | |
| Address: | |
| | ········ |
| B. OFFICERS | |
| President: Tim Pilg | |
| Address: 2501 Starling Dr. | |
| Paso Robles, CA 93446 | |
| Vice President: Frances Pilg | |
| Address: 2501 Starling Dr. | |
| Paso Robles, CA 93446 | |
| Sccretary: Frances Pilg | |
| Address: 2501 Starling Dr., Paso Robles, CA 93446 | |
| Treasurer: Tim Pilg | |
| Address: 2501 Starling Dr., Paso Robles, CA 93446 | |
| NOTE: If necessary, you may attach an addendum to the application listing add | itional officers and/or directors. |
| 13. Frances Del | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 about are true and that he or she is aware that false information submitted in a document third degree felony as provided for in s.817.155, F.S. | · · |
| 14. Tomad or printed name and conditive of person signing a | nnlication) |

State of California Secretary of State



2011 APR 18 PM 4: 26

CERTIFICATE OF STATUS

ENTITY NAME:

AB DISTRIBUTION, INC.

FILE NUMBER:

C2963410

FORMATION DATE:

01/17/2007

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 07, 2011.

DEBRA BOWEN
Secretary of State

OSP 06 99731 HSD