

F110000001910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Debbie Summerlat **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT Add INC to alternate name.  
DATE 5/5/11  
DOC. EXAM MRD

Office Use Only



300201612923

04/20/11--01024--026 \*\*70.00

**FILED**  
11 MAY -4 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
5/5

11 22431

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CB Distributors, 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:

Debbie Summerlott  
Name of Person  
CB Distributors, INC  
Firm/Company  
2500 Kennedy Dr.  
Address  
Beloit, WI 53511  
City/State and Zip code  
debbie@cbdistributorsinc.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Summerlott at ( 608 ) 368-9909 ext 23  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY -4 AM 11:29  
DIVISION OF CORPORATIONS

April 21, 2011

DEBBIE SUMMERLOTT  
CB DISTRIBUTORS, INC  
2500 KENNEDY DR.  
DELOIT, WI 53511

SUBJECT: CB DISTRIBUTORS, INC.  
Ref. Number: W11000022431

We have received your document for CB DISTRIBUTORS, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 511A00009720

**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. CB Distributors, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Illinois 3. 36-4126789  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/23/1996 5. Perpetual  
(Date of incorporation) (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. 2500 Kennedy Dr. Beloit, WI 53511  
(Principal office address)

2500 Kennedy Dr. Beloit, WI 53511  
(Current mailing address)

8. Any Lawful Business or Activity Under the Law of this state  
(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: Don Cadmus

Office Address: 115 Southwest John Glen  
Lake City, FL 32024, Florida 32024  
(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.*

Don Cadmus  
(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.

FILED  
11 MAY -4 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Carlos J. Bengoa

Address: 8918 Burr Oak Rd.  
Roscoe, IL 61073

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Carlos J. Bengoa

Address: \_\_\_\_\_

Treasurer: Carlos J. Bengoa

Address: \_\_\_\_\_

**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. Carlos J. Bengoa Pres/Sec/Treasury  
(Typed or printed name and capacity of person signing application)

FILED

11 MAY -4 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

File Number 5918-011-8



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CB DISTRIBUTORS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 23, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of APRIL A.D. 2011 .*

*Jesse White*

Authentication #: 1110501412

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE