

F1200000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

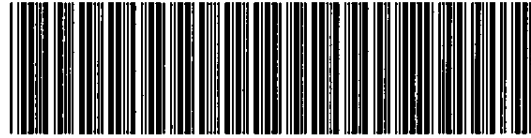
(Business Entity Name)

(Document Number)

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

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FILED  
12 JAN 10 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1112-228

MD 1110



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2012

ARMANDO CARDELLA / SARA LOWE  
28 WEST FLAGLER STREET  
SUITE 1000  
MIAMI, FL 33130

SUBJECT: COUNTY SURPLUS CO.  
Ref. Number: W12000000228

We have received your document for COUNTY SURPLUS CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted partial forms for a "Foreign Qualification" and a "Florida Corporation. Please re-submit one completed application with the appropriate signatures.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6921.

Maryanne Dickey  
Regulatory Specialist II Supervisor

Letter Number: 412A00000040

## COVER LETTER

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

**SUBJECT:** COUNTY SURPLUS CO.  
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:

SARA LOWE OR ARMANDO CARDELLA  
Name of Person

County Surplus Co.  
Firm/Company

28 West Flager street, Suite 1000  
Address

MIAMI, FLORIDA 33130  
City/State and Zip code

Lowesara.3@hotmail.com OR Cardella@county surplus.us  
lowesara3@hotmail.com OR Cardella@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA LOWE at (561) 876 0524  
Name of Person Area Code & Daytime Telephone Number  
ARMANDO CARDELLA. 986-344-3278.

**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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

FILED  
12 JUN 10 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, 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. County Surplus Co.

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

County Surplus. Us.

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

2. COLORADO

(State or country under the law of which it is incorporated)

3. 80-0772585

(FEI number, if applicable)

4. 10/05/2011

(Date of incorporation)

5. PERPETUAL

(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. 28 West Flager street, suite 1000, Miami, FL 33130

(Principal office address)

28 West Flager street, suite 1000, Miami, FL 33130.

(Current mailing address)

8. All LAWFUL Business

(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: SARA LOWE

Office Address: 28 West Flager st (M1)

MIAMI, FL 33130, Florida 33130.

(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.*

Sara Lowe / ARMANDO CARDELLA  
(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:

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: SARA LOWE

Address: 28 West Flager st. suite 1000  
MIAMI, FL 33130

Vice President: ARMANDO CARDELLA

Address: 28 WEST FLAGER ST SUITE 1000  
\_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Sara Lowe

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. Sara Lowe SARA LOWE

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

FILED  
12 JAN 10 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**COUNTY SURPLUS CO.**

is a **Corporation** formed or registered on 10/05/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111561224.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/04/2011 that have been posted, and by documents delivered to this office electronically through 10/05/2011 @ 14:10:35.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/05/2011 @ 14:10:35 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8059585.



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*