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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

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(Business Entity Name)

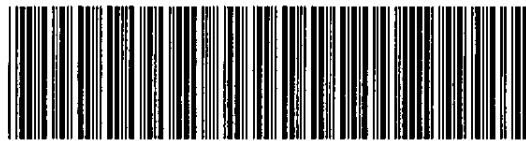
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W12000014500



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03/12/12--01015--019 \*\*70.00

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12 MAR 22 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YMD 3/23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2012

LAURA HALLMARK  
POST OFFICE BOX 135  
BAILEYTON, AL 35019

SUBJECT: STATEWIDE WHOLESAL, INC.  
Ref. Number: W12000014500

We have received your document for STATEWIDE WHOLESAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00009240

**COVER LETTER**

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

**SUBJECT:** Statewide Wholesale, 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:

Laura Hallmark

Name of Person

Statewide Wholesale, Inc.

Firm/Company

P.O. Box 135

Address

Baileyton, Al 35019

City/State and Zip code

statewidegifts42@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Hallmark

Name of Person

at ( 256 ) 796-1322

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

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

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TALLAHASSEE, FLORIDA

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

Statewide Gifts

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

2. Alabama 3. 63-1162809  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 2, 1996 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 18th, 2012  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3115 County Road 1527 Cullman, Al 35058  
(Principal office address)

P.O. Box 135 Baileyton, Al 35019  
(Current mailing address)

8. Wholesale and Retail distribution of gift and fashion merchandise.  
(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: Sandra Haase  
Office Address: 840 US Hwy one Suite 200  
North Palm Beach, Florida FL 33408  
(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.*

Sandra Haase  
(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: \_\_\_\_\_

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**B. OFFICERS**

President: Andrew E. Miller

Address: 465 County Road 1535

Cullman, Al 35058

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

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

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

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

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

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

**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. Andrew E. Miller

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

Beth Chapman  
Secretary of State

P. O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Statewide Wholesale, Inc. was formed in Cullman County, Alabama on January 2, 1996. The Alabama Entity Identification number for this entity is 176-377. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



20120315000002556

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/15/2012

Date

*Beth Chapman*

Beth Chapman

Secretary of State