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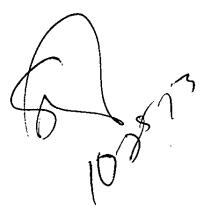
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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WHOVE SAVE EXPLESS, 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:
PANIEL ETLINGER Name of Person
Name of Person
PERRY LAW, P.A.
Firm/Company
· 100 MAIN GTREET # 208
· SAFETY HAR BOR, FLORIDA 34695 City/State and Zip code
- DEE @ PERPLIAW PL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
· PAN ETLINGER at (727) 953 · 9870 EX 304  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:
S70.00 Filing Fee \$\Begin{array}{c} \Boxed{S78.75} \text{ Filing Fee & Certificate of Status } \Boxed{S78.75} \text{ Filing Fee & Certified Copy} \text{\$87.50 Filing Fee, Certificate of Status & Certified Copy} \text{\$87.50 Filing Fee, Certified Copy} \text{\$87.50 Filing Fee, Certified Copy} \text{\$87.50 Filing Fee, Certified Copy} \text{\$887.50 Filing Fee} \$887.50 Filing

## 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. WHOL	EGALE EXPLESS	i, INC.	<u> </u>
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	一
inc., "Co., "Co	orp, the, Co, or Corp. )		8 2
			13 OCT 24
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida
. و وفاق		80 · 04-6685 (FEI number, if appl	
(State or country t	under the law of which it is incorporated) 3.	(FEI number, if appl	icable)
4 AUGIUL	of 74,7009 5.	PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to	exist or "perpetual")
6. APRIL	9, 2010		
•	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)
7. 11. 55.	1 -TELLEMPADE P.V	), boutHFIELV	) HI 49052
1000	(Principal office add	iress)	<del>2,1.11-10-</del> //
Ŋ	u	tı	ш
•	(Current mailing add	lress)	
	Λ	1	
8. (Purpose(s	of corporation authorized in home state or co		RATION orida)
	,	·	•
9. Name and stree	et address of Florida registered agent: (P.	•	
Name:	PERRY LAW, P.A	<del>* •</del>	
Office Address:	100 MAIN GT, # 2	06	
	SAFETY HARBOR	, Florida <u>34-69</u> 5	
	(City)	(Zip code)	

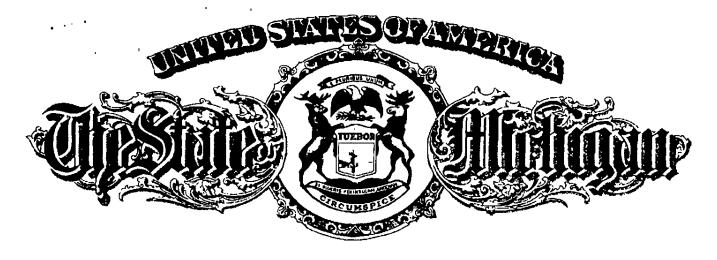
10. Registered agent's acceptance:

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.

(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: KOBA SHAMOON
Address: 12554 TELEGIRAPH RD
GOUTHFIELD, MI 48033
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. KOBAI SHAMOON
(Typed or printed name and capacity of person signing application)





This is to Certify That

## WHOLESALE EXPRESS, INC.

was validly incorporated on August 24, 2009, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of October. 2013.

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau