

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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ALLANIASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Petroleum Wholesalers, Inc.		
		Art of Inc. File
		LTD Partnership File
	✓	Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
	✓	Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
	<u> </u>	Fictitious Search
Signature	<del></del>	Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 09/07/14		UCC 1 or 3 File
08/07/14	Time	UCC 11 Search
Name Date		UCC 11 Retrieval
Walk-In Will Pick Up		Courier

## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Petroleum Whole	salers	. Inc.	
· · · · · · · · · · · · · · · · · · ·		n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	f Good Sta	nding" and check are sul	nct Business in Florida," bmitted to register the
Please return all correspondence concernin	this matte	r to the following:	
Charles Capps, Esq.			
	Name of	Person	<del></del>
Pavese Law Firm			
	Firm/Con	пралу	
1833 Hendry Street			
	Addr	P55	
Fort Myers, FL 33901			
paulsrpwi@yahoo.com	City/State a	nd Zip code	
	to be used	for future annual report	notification)
For further information concerning this ma		•	· ··· <b>,</b>
Chad Capps a	,239	, 336-6219	
Name of Person	Area	336-6219 Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount	<b>t</b> •	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection opporations
☐ \$70.00 Filing Fee ☐ \$78.75 Filing I Certificate of	ee & =	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

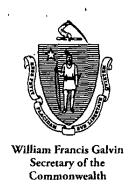
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name	• •	usiness in Florida)
2. Massach		04-3427833	·
(State or country July 22,	y under the law of which it is incorporated) 1998 5.	(FEI number, if applied perpetual	able)
(Date	of incorporation)	(Duration: Year corp. will cease to exi-	st or "perpetual")
5	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 9202 VEII	ezia Circle, Unit #1122, Ni (Principal office add	· · · · · · · · · · · · · · · · · · ·	
120 Wate	Street, Suite 213, N. Andov	•	
	(Current mailing add	<u> </u>	. 22
3. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.4 Charles Capps, Esq.	O. Box <u>NOT</u> acceptable)	2114 AUG -8 SEGRETAR SELLAHASS
Office Address:	1833 Hendry Street		
	Fort Myers	, Florida 33901 (Zip code)	8: 4 STAT 1.081
	(City)	(Zip code)	⊕ M ⊙
Having been nan lesignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes to familiar with and accept the obligations of	ment as registered agent and agree t relative to the proper and complete p	o act in this capacity. I

10. 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.

•	
11. Names	and business addresses of officers and/or directors:
A. DIREC	CTORS
Chairman:	n/a
Vice Chairm	nen: n/a
Address: _	
 r	n/a
Address:	
~~ F	PAUL N MINICHIELLO
	20 Water Street, Suite 213, N. Andover, MA 01845
Address:	120 Water Street, Scree 2 15, N. Andover, IVIA 6 1645
_	
B. OFFIC	
	PAUL N MINICHIELLO
Address: 1	20 Water Street, Suite 213, N. Andover, MA 01845
Vice Preside	PAUL N MINICHIELLO
	20 Water Street, Suite 213, N. Andover, MA 01845
Secretary:	PAUL N MINICHIELLO
denicuty.	20 Water Street, Suite 213, N. Andover, MA 01845
	PAUL N MINICHIELLO
4	20 Water Street, Suite 213, N. Andover, MA 01845
Address:	20 Water Officer, Outro 2 10, 14. 7 thousand his to 10.
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	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
	d that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in s.817.155, F.S.
13	PAUL N MINICHIEllo SR PRESIDENT
	(Typed or printed name and capacity of person signing application)



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

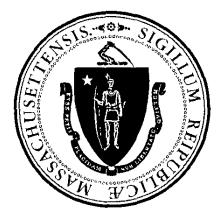
Date: July 29, 2014

To Whom It May Concern:

I hereby certify that according to the records of this office,

### PETROLEUM WHOLESALERS, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Millian Tranin Galicin

Certificate Number: 14078716820

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: ach