

8/19/2014 9:29:51 From: T 0506176381

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Division of Corporations

F14000003482

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Commercial Distribution Specialists, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

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14 AUG 19 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 19 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Commercial Distribution Specialists, 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:

Shari Ponath

Name of Person

Commercial Distribution Specialists, Inc.

Firm/Company

5900 S Lake Forest Dr., Suite 400

Address

McKinney, TX 75070

City/State and Zip code

sponath@arsicorp.com

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

For further information concerning this matter, please call:

Shari Ponath

at (469) 424-2253

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

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. Commercial Distribution Specialists, Inc.

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

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

2. Delaware 3. 47-1592287
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/08/2014 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. 5900 S Lake Forest Dr., Suite 400 McKinney, TX 75070
(Principal office address)
5900 S Lake Forest Dr., Suite 400 McKinney, TX 75070
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.

C T Corporation System
By: _____

(Registered agent's signature)

Connie Bryan

Assistant Secretary

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.

14 AUG 19 AM 11:54
SECRET
STATE
TAMU
SHASTA
FLORIDA

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

A. DIRECTORS

Chairman: Ronald R. Ross

Address: 5900 S Lake Forest Dr., Suite 400
McKinney, TX 75070

Vice Chairman: Garold E. Swan

Address: 5900 S Lake Forest Dr., Suite 400
McKinney, TX 75070

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Daniel R. Tinker

Address: 5900 S Lake Forest Dr., Suite 400
McKinney, TX 75070

Vice President: Garold E. Swan

Address: 5900 S Lake Forest Dr., Suite 400
McKinney, TX 75070

Secretary: John S. Davis

Address: 5900 S Lake Forest Dr., Suite 400

Treasurer: Garold E. Swan

Address: 5900 S Lake Forest Dr., Suite 400

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

12. Garold E. Swan
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.

13. Garold E. Swan Vice President, CFO, and Treasurer

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMERCIAL DISTRIBUTION SPECIALISTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 AUG 19 AM 11:55
SECRETARY OF STATE
DELAWARE

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1628200

DATE: 08-18-14