

F 15000002040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

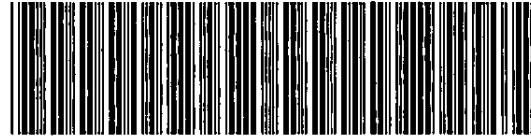
(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

5/12/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: New Age 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:

Tim Stecker

Name of Person

New Age Wholesale, Inc

Firm/Company

4 Robert Road

Address

Glen Cove, NY 11542

City/State and Zip code

newagewholesale08@gmail.com

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

For further information concerning this matter, please call:

Tim Stecker

Name of Person

at (646) 464 9975

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

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15 MAY -8 PM 2:47
TALLAHASSEE, FLORIDA
DIVISION OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2015

TIM STECKER
4 ROBERT ROAD
GLEN COVE, NY 11542

SUBJECT: NEW AGE WHOLESALE, INC.
Ref. Number: W15000026676

We have received your document for NEW AGE WHOLESALE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 915A00007654

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

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

2. New York 3. 26 2156335
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/3/2008 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. 5895 St Augustine Road, #7, Jacksonville, FL 32207-8056
(Principal office address)
4 Robert Road, Glen Cove, NY 11542
(Current mailing address)

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

Name: Derrick Miller

Office Address: 7559 Canaveral Road

Jacksonville, Florida 32210
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Derrick Miller
(Registered agent's signature)

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. DIRECTORS

Chairman:

N/A

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Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Tim Stecker

Address:

4 Robert Road

Glen Cove, NY 11542

Vice President:

Address:

Secretary:

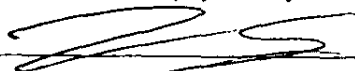
Address:

Treasurer:

Address:

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

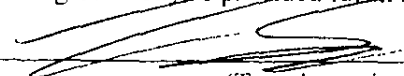
12.



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 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.



Tim Stecker owner

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

State of New York } ss:
Department of State }

I hereby certify, that the Certificate of Incorporation of NEW AGE WHOLESALE INC. was filed on 03/03/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 29th day of April two
thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State