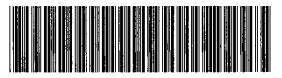
F140000000413

| | (Requestor's Name) | | | | |
|---|---------------------------------|--|--|--|--|
| | (Address) | | | | |
| | (Address) | | | | |
| | (City/State/Zip/Phone #) | | | | |
| | PICK-UP WAIT MAIL | | | | |
| | (Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certifie | d Copies Certificates of Status | | | | |
| Spec al Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |





200280869892

01/14/16--01015--029 **70.00

J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--------------------|--|--|--|--|--|
| OSBORNE'S INC. | | | | | | |
| SUBJECT: Name of corporation - must include suffix | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of God above referenced foreign corporation to transact | od Stan | ding" and check are sub | | | | |
| Please return all correspondence concerning this Wayne Gruber | matter | to the following: | | | | |
| Na | me of I | Person | | | | |
| OSBORNE'S INC. | | | | | | |
| Fire 5155 NW 57th TER | m/Com _[| oany | | | | |
| | Addre | SS | | | | |
| Gainesville FL 32653 | | | | | | |
| City/s | State an | d Zip code | | | | |
| wayne@thegrubers.us | | | | | | |
| E-mail address: (to be | used for | or future annual report i | notification) | | | |
| For further information concerning this matter, p | lease c | all: | | | | |
| Wayne Gruber 870 |) | 761-0141 | | | | |
| Name of Person Are | ea Code | Daytime Telep | hone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$70.00 Filing Fee \$\text{Certificate of Statu}\$ | | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy | | | |



January 15, 2016

WAYNE GRUBER 5155 NW 57TH TER GAINESVILLE, FL 32653

SUBJECT: OSBORNE'S INC. Ref. Number: W16000003009

We have received your document for OSBORNE'S 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P96000045091.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00001040

CONTRACTOR OF THE PROPERTY OF

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.

| OSBORNE'S IN | | | |
|--------------------|---|---|--|
| ' Inc.," "Co.," "C | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION | , |
| | E's Commercial, Inc. | | |
| | able in Florida, enter alternate corporate name | adopted for the purpose of transacting | g business in Florida) |
| Arkansas 2. | 3. | | |
| | y under the law of which it is incorporated) | (FEI number, if app | olicable) |
| .0/02/1945 | 5. | | |
| (Date | of incorporation) 5. | (Date of duration, if other t | han perpetual) |
| 0/14/2015 | | | |
| 5155 NW 57th T | ER Gainesville, FL 32653 | n Florida, if prior to registration) 502, F.S., to determine penalty liabilit | у) |
| /· | (Princi | pal office address) | |
| | (Current maili | ng address, if different) | |
| 8. Name and stree | et address of Florida registered agent: (P. Wayne Gruber | O. Box NOT acceptable) | A. 20 |
| Name: | wayne Gruber | | The Residence of the State of t |
| Office Address: | 5155 NW 57th TER | | O Troub |
| | Gainesville | 32653 , Florida | |
| | (City) | (Zip code) | |
| 9. Registered ago | ent's acceptance: | | 9. 5 |

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.

Hayne T, Fruler
(Registered agent's signature)

10. A trached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the D partment 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 | |
| C tairman: | |
| A ldress: | |
| V ce Chairman: | |
| A ldress: | |
| D. rector: | |
| Address: | |
| Director: | |
| At dress: | |
| B. OFFICERS Wayne F. Gruber President: | |
| Ac dress: 5155 NW 57th TER, Gainesville, FL 32653 | State C State C |
| John Erik Gruber Vice President: | |
| Ad iress: 816 Prosperity Farms Rd., Unit 5, North Palm Beach, FL 33408 | 5. 5 |
| David W. Gruber Secretary: | حر |
| Ad Iress: 3114 NW 58th Blvd. Gainesville, FL 32606 | |
| Trc asurer: | AT 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
| Ad Iress: | |
| NCTE: If necessary, you may attach an addendum to the application listing additional office | ers and/or directors. |
| Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Depart ird degree felony as provided for in s.817.155, F.S. Wayne F. Gruber, President | |

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

Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

OSBORNE'S INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office October 2, 1945.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 13th day of January 2016.

Mark Martin

Secretary of State Authorization Code: 695b874ec7471f3

To verify the Authorization Code, visit sos.arkansas.gov