

F16000003056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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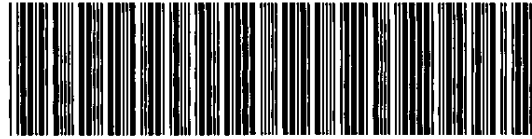
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
JUL 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholesalers Group, 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:

Leah Solomon
Name of Person
Wholesalers Group Inc.
Firm/Company
7551 Wiles Road Suite # 201
Address
Coral Spring, FL 33067
City/State and Zip code
leah@wholesalersgroupinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Solomon at (787) 529-6414
Name of Person Area Code Daytime Telephone 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 ☐ \$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. Wholesalers Group 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. Puerto Rico 3. 66-04297687
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 6, 1986 5. _____
(Date of incorporation) (Date of duration, if other than 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. 7551 Wiles Road # 201, Coral Springs, FL 33067
(Principal office address)

(Current mailing address, if different)

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

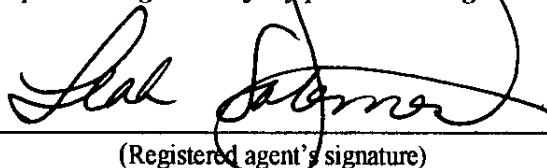
Name: Leah Solomon

Office Address: 7551 Wiles Road # 201

Coral Springs, Florida 33067
(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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Mohammad M. Salemi

Address: 7551 Wiles Road # 201

Coral Springs, FL 33067

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mohammad M. Salemi

Address: 7551 Wiles Road # 201

Coral Springs, FL 33067

Vice President: _____

Address: _____

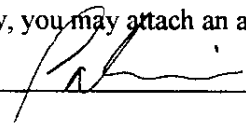
Secretary: _____

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 11 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. Mohammad M. Salemi

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

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TALLAHASSEE, FLORIDA



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TALLAHASSEE, FLORIDA

Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **WHOLESALE GROUP, INC.**, register number **64447**, a **for profit domestic** corporation, organized under the laws of Puerto Rico on **October 6, 1986**, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **June 20, 2016**.

VÍCTOR A. SUÁREZ MELÉNDEZ
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 20-Jun-2017.

Certificate Validation Number: **165760-96045974**



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

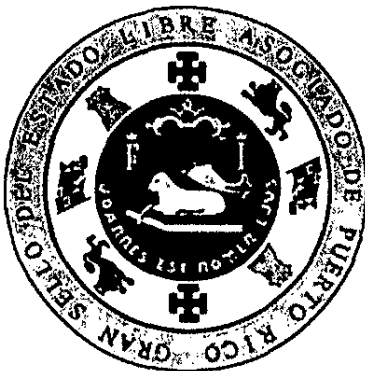
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF EXISTENCE

I, **VÍCTOR A. SUÁREZ MELÉNDEZ**, Secretary of State of the
Commonwealth of Puerto Rico,

CERTIFY: That, **WHOLESALE GROUP, INC.**, registry number **64447**,
is a **domestic for profit corporation**, organized on **October 6, 1986**, in
accordance to the General Corporations Law, as amended.

*This certification does not certify that this corporation has filed its annual reports, pursuant
to the requirements of the General Corporations Law, as amended. If you need to know if
such reports have been filed, you must request a Certificate of Good Standing.*



IN WITNESS WHEREOF, the undersigned by virtue
of the authority vested by law, hereby issues this
certificate and affixes the Great Seal of the
Commonwealth of Puerto Rico, in the City of San
Juan, Puerto Rico, today, **June 7, 2016**.

VÍCTOR A. SUÁREZ MELÉNDEZ
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 07-Jun-2017.

Certificate Validation Number: **164088-61784614**