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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION  
SOUTH POINTE WHOLESALE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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STATE OF FLORIDA

2016 SEP -9 AM 11:18  
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TALLAHASSEE, FLORIDA

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K. SALLY  
EXAMINER

SEP 12

**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. South Pointe Wholesale, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Kentucky 3. 61-1393122  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/22/2001 5. Perpetual  
(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. 321 Matthews Mill Rd., Glasgow, KY 42141-7923  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: National Registered Agents, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, FL 33324, Florida \_\_\_\_\_  
(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.*

National Registered Agents, Inc.

By: Karen Fugelsang (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

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

A. DIRECTORS

Chairman: Jarrold Shirley  
Address: 204 Autumn Ridge  
Glasgow, KY 42141  
Vice Chairman: Marie Vilardi  
Address: 18 Hancock Court  
South Setauket, NY 11720  
Director: Katy Shirley  
Address: 875 Smiths Grove Road  
Scottsville, KY 42164  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: Jarrold Shirley  
Address: 204 Autumn Ridge  
Glasgow, KY 42141  
Vice President: Marie Vilardi  
Address: 18 Hancock Court  
South Setauket, NY 11720  
Secretary: Katy Shirley  
Address: 875 Smiths Grove Road Scottsville, KY 42164  
Treasurer: Katy Shirley  
Address: 875 Smiths Grove Road Scottsville, KY 42164

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. \_\_\_\_\_

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

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**Commonwealth of Kentucky**  
**Allison Lundergan Grimes, Secretary of State**

Allison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 180509  
Visit <https://app.sos.ky.gov/itshow/certvalidate.aspx> to authenticate this certificate.

I, Allison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky,  
do hereby certify that according to the records in the Office of the Secretary of State,

**SOUTH POINTE WHOLESALE, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS  
Chapter 271B, whose date of incorporation is June 22, 2001 and whose period of  
duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been  
paid; that Articles of Dissolution have not been filed; and that the most recent annual  
report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal  
at Frankfort, Kentucky, this 8<sup>th</sup> day of September, 2016, in the 225<sup>th</sup> year of the  
Commonwealth.



*Allison Lundergan Grimes*  
Allison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
180509/0518096