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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2016

MITCHELL I. KIEFFER
113 WASHINGTON AVENUE N
MINNEAPOLIS, MN 55401

SUBJECT: CORE DISTRIBUTION, INC
Ref. Number: W16000070190

RECEIVED
2016 NOV -7 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 116A00022079

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORE DISTRIBUTION, 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:

MITCHELL I. KIEFFER

Name of Person

CORE DISTRIBUTION, INC.

Firm/Company

113 WASHINGTON AVENUE N

Address

MINNEAPOLIS, MN 55401

City/State and Zip code

FCRUZ@COREDISTRIBUTION.COM

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

For further information concerning this matter, please call:

MITCHELL I. KIEFFER

612

203-7000

at (_____) _____

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.

CORE DISTRIBUTION, INC.

1. CORE DISTRIBUTION, 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. MINNESOTA 3. 41-2018370
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-26-2001 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. 113 WASHINGTON AVENUE N. MINNEAPOLIS, MN 55401
(Principal office address)

(Current mailing address, if different)

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

Name: MITCHELL I. KIEFFER

Office Address: 360 OCEAN DRIVE, UNIT 1205-S

KEY BISCAYNE Florida 33149
(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 in 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.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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1. Names and business addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CEO - MITCHELL L. KIEFFER

Address: 360 OCEAN DRIVE, UNIT 1205-S

Address: KEY BISCAVNE, FL 33149

Vice President: FRANK CRUZ

Address: 113 WASHINGTON AVENUE N

Address: MINNEAPOLIS, MN 55401

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. Mitchell Kieffer CEO
(Typed or printed name and capacity of person signing application)

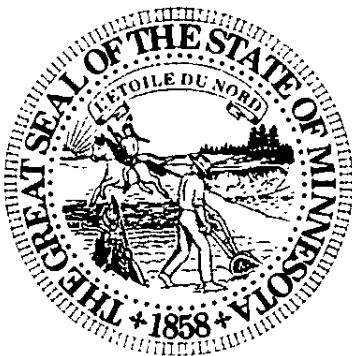
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TALLAHASSEE, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Core Distribution, Inc.
Date Filed:	10/26/2001
File Number:	11V-915
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 11/01/2016



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA