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COVER LETTER

TO: Registration Section Division of Corporation				
	IBUTORS, INC.			
SUBJECT:	Name of corporat	ion - m	ust include suffix	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good S	Standing	g" and check are sub	
Please return all correspon Victor M. Watson, Esq.	dence concerning this ma	itter to 1	he following:	
	Name	of Pers	on	
Watson, Soileau, DeLeo & E	Surgett, P.A.			
	Firm/C	Compan	<u> </u>	
3490 North U.S. Highway 1		·		
	Α	ldress		
Cocoa, FL 32926				
	City/Star	te and Z	lip code	
victor@brevardlawgroup.com				
	E-mail address: (to be us	ed for f	uture annual report i	notification)
For further information co	ncerning this matter, plea	se call:		
Michael F. Calleo, Jr.	910		515-1483	
Name of Person	at (Area () . 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, F1, 32314	
Enclosed is a check for the	following amount:			
☐ \$70.00 Filing Fee •	■ \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & ertified Copy	S87.50 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. PMC DISTRIBUTORS, INC. 1. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 7460 North Highway 1, Apt #103, Cocoa, FL 32927 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael F. Calleo, Jr. Name: 7460 North Highway 1, Apt #103 Office Address:

9. Registered agent's acceptance:

Cocoa

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)

. Florida <u>32927</u> (Zip code)

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. DIRI	ECTORS
Chairman	·
Address:	
Vice Chai	rman:
Address:	
	Michael F. Calleo, Jr.
Director: Address:	7460 North Highway 1, Apt #103
Address.	Cocoa, FL 32927
Director:	Pamela H. Calleo
Address:	7460 North Highway 1, Apt #103
	Cocoa, FL 32927
B. OFF	Cocoa, FL 32927 ICERS Michael F, Calleo, Jr. 7460 North Highway 1, Apt #103 Cocoa, FL 32927 Pamela H. Calleo
President	Michael F, Calleo, Jr.
Address:	7460 North Highway 1, Apt #103
	Cocoa, FL 32927
Vice Pres	Pamela H. Calleo 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Address:	7460 North Highway 1, Apt #103
	Cocoa, FL 32927
Secretary	
Address:	7460 North Highway 1, Apt #103, Cocoa, FL 32927
Treasurer	:
Address:	
NOTE:	If necessary, you-may attach an addendum to the application listing additional officers and/or directors.
are true a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S. hael F. Calleo, Jr., President
13	(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

PMC DISTRIBUTORS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of June, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of August, 2017.

Elaine I. Marshall

Secretary of State

'ertification# 100976044-1 Reference# 13962032- Page: 1 of 1 'erify this certificate online at http://www.sosnc.gov/verification