

(Ř	equestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	. <u> </u>
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

то:	Registration So Division of Co					
SUBJ	ECT: Johnson	Davisson Distribu	ting, Inc.			
		Name	e of corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certif	ficate of Existen		te of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.		
	return all corres n Twedt	pondence concer	ning this matter	to the following:		
	<u> </u>		Name of 1	Person		
Johnso	n Davisson Distrib	outing, Inc				
			Firm/Com	pany		
21576	Brixham Run Loo	p				
			Addre	SS		
Estero,	FL 33928					
			City/State ar	nd Zip code		
jdsales:	50@aol.com		·			
	<u></u>	E-mail addre	ss: (to be used f	or future annual report i	notification)	
For fur	ther information	concerning this	matter, please c	all:		
Mr. Ro	n Twedt		574 at (536-2952		
	Name of Perso	n	Area Code	Daytime Telep	hone Number	
	STREET/COUR Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	SS:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	✓
Enclose	ed is a check for	the following an	ount:			
■ \$70.	.00 Filing Fec	S78.75 Filir Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 Fil Certificat	e of Status &

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.

		TED," "COMPANY," "CORPORATION	,
"lnc.," "Co.," "(Corp," "Inc," "Co," or "Corp.")		
(If name unavai	lable in Florida, enter alternate corporate	name adopted for the purpose of transacting	business in Florida)
Indiana	•	35-2034517	
2	- I shall shall be in in a small shall be in the same and	ed) (FEI number, if app	digable)
		ed) (Fixi number, it app	oncable)
January 15, 19 ^e 4.	y8	5. (Date of duration, if other t	<u>-</u>
(Dat	e of incorporation)	(Date of duration, if other t	han perpetual)
6.			
o	(Date first transacted busi	ness in Florida, if prior to registration)	· · · · · · · · · · · · · · · · · · ·
	(SEE SECTIONS 607.1501 &	607.1502, F.S., to determine penalty liability	v)
	(000 000 110 110 111 111	our. 1302, 1.5., to determine penalty mability	, ,
21576 Brixham	Run Loop, Estero FL 33928	ovinion,	, ,
21576 Brixham 7	Run Loop, Estero FL 33928	Principal office address)	
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7	Run Loop, Estero FL 33928	Principal office address)	17 11
7	Run Loop, Estero FL 33928		17 AUG
7	Run Loop, Estero FL 33928 (I	Principal office address) mailing address, if different)	17 AUG 21
7	Run Loop, Estero FL 33928 (Current et address of Florida registered agent	Principal office address) mailing address, if different)	17 AUG 21
7	(Current ct address of Florida registered agent Mr Ron Twedt	Principal office address) mailing address, if different) : (P.O. Box NOT acceptable)	17 AUG 21
7	(Current ct address of Florida registered agent Mr Ron Twedt	Principal office address) mailing address, if different) : (P.O. Box NOT acceptable)	17 AUG 21
78. Name and stre	(Current ct address of Florida registered agent Mr Ron Twedt	Principal office address) mailing address, if different) : (P.O. Box NOT acceptable)	17 AUG
78. Name and stre	(Current et address of Florida registered agent Mr Ron Twedt 21576 Brixham Run Loop Estern	Principal office address) mailing address, if different) : (P.O. Box NOT acceptable)	17 AUG 21
78. Name and stre	(Current et address of Florida registered agent Mr Ron Twedt 21576 Brixham Run Loop Estern	Principal office address) mailing address, if different) : (P.O. Box NOT acceptable)	17 AUG 21

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.

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. DIRECTORS Mr. Ron Twedt Chairman: _ 21576 Brixham Run Loop Address: Estero, FL 33928 Vice Chairman: Address: __ Director: __ Director: B. OFFICERS Mr Ron Twedt President: 21576 Brixham Run Loop Address: _ Estero, FL 33928 Jennifer Thursby Vice President: 57090 Coppergate Dr. Address: _ Elkhart, IN 46516 Jennifer Thursby Secretary: 57090 Coppergate Dr., Elkhart, IN 46516 Address: _ Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

JOHNSON DAVISSON DISTRIBUTING, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 15, 1998, and was in existence or authorized to transact business in the State of Indiana on August 02, 2017.

I further certifiy this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 02, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate