F18000001495

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
RA RA Sigh Cuo W18-2326					
Office Use Only					



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03/07/18--01004--006 **78.75

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8 NAR 27 PN 2: 0:
SECRETARY OF STATE

K. SALY MAR 2 9 2018

COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJI	ect: Dougla	Name of corporat	ion - must	A: Douglas include suffix	Equipment
Dear Si	r or Madam:				
"Certifi	cate of Existence," of	by Foreign Corporation : or "Certificate of Good S rporation to transact bus	standing" a	nd check are sub	
Please r	-	ence concerning this ma Waddell Name		following:	
	Dougl	as Equipment	ompany		
	Blues	ield WV 347 City/Stat	ol and Zip o		
For furt	ther information cond	h Odouglesquippermail address. (to be use		e annual report i	notification)
Mit	ch Waddell Name of Person	at (<u>301)</u> Area C	(37-0149 Daytime Telep	hone Number
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	tions ter Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclose	ed is a check for the	ollowing amount:			
□ \$70.	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied 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. Douglas	Food Stores Inc. oration; must include "INCORPORATED," "					
(Enter name of corp "Inc.," "Co.," "Corp	oration; must include "INCORPORATED," "(""Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
•	• •					
(If name unavailable	in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flor	ida\			
	•		-207			
(State or country w	nder the law of which it is incorporated)	(FEI number, if applicable)				
4. 8/18/18	5. <u></u>	(Date of duration, if other than perpetual)				
(Date of	incorporation)	(Date of duration, if other than perpetual)				
6	/D / C / D					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502					
7 301 A	Josth Street Bluefield W	N 29761				
		office address)				
			=} === = == ===========================			
	(Current mailing a	ddress, if different)				
8 Name and street a	ddress of Florida registered agent: (P.O. I	Box NOT acceptable)	Z T			
Name:	InCorp Services, Inc.	To the state of th	의 교 D 			
-	17888 67th Court North	-	9			
Office Address: _		_	p= '			
-	Loxahatchee	, Florida(Zip code)				
	(City)	(Zip code)				
9. Registered agent			t			
		of process for the above stated corporation a nt as registered agent and agree to act in this				
	ply with the provisions of all statutes relations of all statutes relations of military with and accept the obligations of m	ative to the proper and complete performance	of my			
auties, and I am Jam	ittar with and accept the obligations of m	ty position as registered agent.				
	// ./ ///	Keri Sandler on behalf of InCorp				
	en and	Services, Inc.				
(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: Director: Address: _____ Director: Address: **B. OFFICERS** Larry Douglas North Street Bluestield WV 24701 Vice President: Vatsy Douglas Address: 301 North Street Bluefield WV 24701 Secretary: Patsy Douglas North Street Bluefield WW 24701 Treasurer: Lang Douglas Street Bluefield WV 24701 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. Laurence E. Douglas Owner President
(Typed or printed name and capacity of person signing application)

Prate of Mest Virginia

Certificate

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

DOUGLAS FOOD STORES, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on August 18, 1978.

I further certify that the corporation has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

FILED

8 WAR 27 PH 2: 07

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



Given under my hand and the Great Seal of the State of West Virginia on this day of March 19, 2018

Mac Warner

Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2018

MITCH WADDELL DOUGLAS EQUIPMENT 301 NORTH ST. BLUEFIELD, WV 24701

SUBJECT: DOUGLAS FOOD STORES INC.

Ref. Number: W18000023264

We have received your document for DOUGLAS FOOD STORES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 118A00004838

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