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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

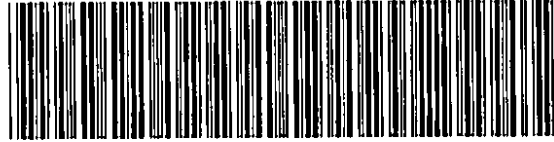
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*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
COMPLETE DISTRIBUTION AND WHOLESALE, INC.

**SUBJECT:** \_\_\_\_\_  
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:  
BRIAN BULLARD SR.

\_\_\_\_\_  
Name of Person  
COMPLETE DISTRIBUTION AND WHOLESALE, INC.

\_\_\_\_\_  
Firm/Company  
701 SE 32nd COURT UNIT 106

\_\_\_\_\_  
Address  
FORT LAUDERDALE, FL 33316

\_\_\_\_\_  
City/State and Zip code  
COMBUSYS@GMAIL.COM

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

For further information concerning this matter, please call:

BRIAN BULLARD SR.      954      353-6418  
\_\_\_\_\_  
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.*

COMPLETE DISTRIBUTION AND WHOLESALE, 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)

DELAWARE 26-3512168

2. \_\_\_\_\_ 3. \_\_\_\_\_

(State or country under the law of which it is incorporated) (FEI number, if applicable)

10 - 06 - 2008

4. \_\_\_\_\_ 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)

701 SE 32ND COURT UNIT 106 FORT LAUDERDALE, FL 33316

7. \_\_\_\_\_

(Principal office address)

(Current mailing address, if different)

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

BRIAN BULLARD SR.

Name: \_\_\_\_\_

701 SE 32ND COURT UNIT 106

Office Address: \_\_\_\_\_

FORT LAUDERDALE

33316

\_\_\_\_\_, 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.*



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

**A. DIRECTORS**

Chairman: Brian E. Bullard, Sr.

Address: 701 SE 32nd CT. Unit 106, Ft. Lauderdale FL., 33316

(954) 353-6418

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Chardonae S. Ciarleta

Address: 268 South Circle Drive, Apt. D, Concord, NC, 28027

(980) 337-9201

Director: Charles L. Rose, Jr.

Address: 7125 Cardigan Ave., Charlotte, NC, 28215

(704) 756-4718

**B. OFFICERS**

BRIAN BULLARD SR.

President: \_\_\_\_\_

701 SE 32ND COURT UNIT 106

Address: \_\_\_\_\_

FORT LAUDERDALE, FL 33316

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Chardonae S. Ciarleta

Address: 268 South Circle Drive, Apt. D, Concord, NC, 28027

Treasurer: Charles L. Rose, Jr.

Address: 7125 Cardigan Ave., Charlotte, NC, 28215

**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.

BRIAN BULLARD SR.

13. \_\_\_\_\_

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

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLETE DISTRIBUTION AND WHOLESALE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

4608870 8300

SR# 20187426885

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203823423

Date: 11-02-18