

MP19000000982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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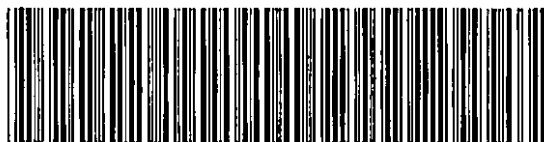
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEAL OF STATE
TALUHA, FL

2019 FEB 15 PM 6:24

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202 / 201

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Cocoa Shell 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:

W.Charles Drake

Name of Person

National Cocoa Shell Disgtribution, Inc.

Firm/Company

PO Box 2652

Address

Fort Myers Beach, FL 33932

City/State and Zip code

Charles@nationalcocoashell.com

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

For further information concerning this matter, please call:

W.Charles Drake

Name of Person

at (414) 270-9997

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~~

Please send
☒ \$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.*

1. National Cocoa Shell Distribution, Inc.

(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)

2. Wisconsin

3. 71-0911133

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10/21/2002

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. 3047 Estero Blvd Unit 9A Fort Myers Beach, FL 33931

(Principal office address)

PO Box 2652 Fort Myers Beach, FL 33932

(Current mailing address, if different)

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

Name: W. Charles Drake

Office Address: 3047 Estero Blvd Unit 9A

Fort Myers Beach, Florida 33931

(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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STATE OF FLORIDA

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

A. DIRECTORS

Chairman: W.Charles Drake

Address: PO Box 2652

Fort Myers Beach, FL 33932

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: W.Charles Drake

Address: PO Box 2652

Fort Myers Beach, FL 33932

Vice President: _____

Address: _____

Secretary: W.Charles Drake

Address: PO Box 2652 Fort Myers Beach, FL 33932

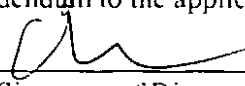
Treasurer: W.Charles Drake

Address: PO Box 2652 Fort Myers Beach, FL 33932

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2019 FEB 15 PM 6:24
TALLAHASSEE, FL
STATE

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. W Charles Drake, President of National Cocoa Shell Distribution, Inc.

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

DOM
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

NATIONAL COCOA SHELL DISTRIBUTION, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 14, 2002.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on February 8, 2019.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

A handwritten signature in cursive script that reads "Linda Anderson".

BY: