

11/8/2019

Division of Corporations

Florida Department of State  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

**Samplers, Inc.**

Certificate of Status	0
Certified Copy	1
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**FAX COVER SHEET**

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2019-11-08 15:25:13 CST
RE	Samplers, Inc.

**COVER MESSAGE**

Julie Outlaw  
Fulfillment Associate II  
Global Fulfillment Team  
CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)

**Wolters Kluwer**

4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

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WOLTERS  
KLUWER

# 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. Samplers, 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)

Rhode Island

2. \_\_\_\_\_ 3. 26-3240214  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

08-26-2008

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)

530 SMITHFIELD AVENUE PAWTUCKET, RI 02860

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, \_\_\_\_\_, Florida 33324  
(City) (Zip code)

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## 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.

C T Corporation System

Kimberly Steinmetz  
Vice President /  
Asst. Secretary

By: Kimberly Steinmetz  
(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: \_\_\_\_\_

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

Director: DAVID M. BELLENOIT

Address: 530 Smithfield Ave

Pawtucket, RI 02860

Director: \_\_\_\_\_

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

## B. OFFICERS

President: DAVID M. BELLENOIT

Address: 530 Smithfield Ave

Pawtucket, RI 02860

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

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

Secretary: DAVID M. BELLENOIT

Address: 530 Smithfield Ave Pawtucket, RI 02860

Treasurer: DAVID M. BELLENOIT

Address: 530 Smithfield Ave Pawtucket, RI 02860

**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. DAVID M. BELLENOIT, PRESIDENT

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



*State of Rhode Island and Providence Plantations  
Department of State | Office of the Secretary of State  
Nellie M. Gorbea, Secretary of State*

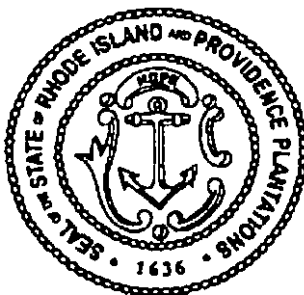
### **CERTIFICATE OF GOOD STANDING**

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

**Samplers, Inc.**

is a Rhode Island Business Corporation organized on **August 26, 2008**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on  
November 06, 2019

Secretary of State

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Certificate Number: 19110027490

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

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