

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					





900339889589

02/04/20--01008--022 \*\*70.00



T GLASS FEB 17 2020

## **COVER LETTER**

	stration Sectionsion of Corpora					
SUBJECT:	JASHAR WH	OLESALE INC.				
SOBJECT	·	Name of corporat	ion - mus	st include suffix	•	
Dear Sir or N	/ladam:					
"Certificate of	of Existence," o	by Foreign Corporation for "Certificate of Good Supporation to transact bus	tanding''	and check are sub	et Business in Floric mitted to register th	la," e
Please return	all correspond	ence concerning this ma	ter to the	following:		
JOHN LIVIN	GSTON ESQ					
		Name	of Persor	1		
JASHAR WE	IOLESALE CO					20
-	-	Firm/C	ompany			55
1616 W MON	TROSE AVE #3	3A			_	(E)
		Ac	ldress			<del></del>
CHICAGO, I	L 60613					===
		City/Stat	e and Zip	code		FII 3: 18
JOHNNY67@	GMAIL.COM					8
	H	-mail address: (to be use	ed for fut	ure annual report r	otification)	
For further in	nformation con	cerning this matter, pleas	se call:			
JOHN LIVIN	GSTON	at (	)	230-0371		
Nan	ne of Person	Area C	lode	Daytime Telepi	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	heck payable to:	Following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & tified Copy	□ \$87.50 Filing Certificate of Certified Cop	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.

]. JAS	SHAR WHO	LESALE CO				
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," '	COMPANY," "CORPORATION,"		
(If n	name unavail:	able in Florida, enter alternate corporate na	ne ad	opted for the purpose of transacting busin	ess in Florida)	
2. ILLINOIS		3 82-3096329				
(State or country under the law of which it is incorporated)						
	EERDHADY 1 2020			(Date of duration, if other than perpetual)		
	NE 9TH AV	(Date first transacted busines (SEE SECTIONS 607.1501 & 607/1501 (SEE UNIT 1, CAPE CORAL, FL 33909)		lorida, if prior to registration) 2, F.S., to determine penalty liability)		
/· <u></u>		(Principal	office	street address)	20701	
		(Current ma	iling :	address, if different)	2070 FEB -4	
8. Nar	me and stree	et address of Florida registered agent: (	P.O.	Box NOT acceptable)		
	Name:	JOHN LIVINGSTON			ယ္	
Office Address:	2621 NE 9TH AVE, UNIT 1			17		
	CAPE CORAL, FL		 . Florida <sup>33909</sup>			
		(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.

#### A. DIRECTORS Name: \_\_\_\_\_ □ Chairman Name: □Chairman 2621 NE 9TH AVE, UNIT 1 □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ CAPE CORAL, FL 33909 Director □ Director □President □President ☐ Vice President □Treasurer Secretary 5 □Treasurer ☐ Secretary □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Other CELESTE CARLIN Name: \_\_\_\_\_ Name: \_ □ Chairman □Chairman 2621 NE 9TH AVE, UNIT 1 □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ CAPE CORAL, FL 33909 ₩ Director □ Director President □ President ☐ Vice President [] Secretary □Treasurer □ Secretary □ Treasurer □Other \_ Other \_\_\_\_\_ Other \_\_\_\_ Name: JOHN LIVINGSTON Chairman □ Chairman Name: 2621 NE 9TH AVE, UNIT 1 ☐ Vice Chairman □ Vice Chairman Address: Address: \_\_\_\_\_ CAPE CORAL, FL 33909 Director □ Director President □President □Vice President \_ ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

. JOHN LIVINGSTON, PRESIDENT

### File Number

7149-460-8



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

JASHAR WHOLESALE CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 12, 2017, APPEARS TO HAVE COMPLIED WITH ACL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

٠. L



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JANUARY A.D. 2020 .

Authentication #: 2003003072 verifiable until 01/30/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE