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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Combine Distributing, Inc.			
SOBOLET.	Name of	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o		f Good Standi	uthorization to Transact Business in Fl ng" and check are submitted to registe in Florida.	
Please return	all correspondence concerning	g this matter to	the following:	
Jay I. Miller				
		Name of Pe	rson	
		Firm/Compa	any	
21896 Old Bri	idge Trail			
		Address	3	
Boca Raton, F	Torida 33428			罩
		City/State and	Zip code	د ر ی مو
jjaz49@gmail				- ,
	E-mail address:	(to be used for	future annual report notification)	Ö
For further in	formation concerning this ma	tter, please cal	l:	
		251.0102	5 3 2 kg	
Jay L Miller		t ()	_ - -
Nam	e of Person	Area Code	Daytime Telephone Number	
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounteek payable to: FLORIDA DEI ing Fee	PARTMENT C	\$78.75 Filing Fee & 💢 \$87.50 Fi	e of 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.

Combine Distri	buting, Inc.		
	corporation; must include "INCORPORATED," corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	
2. New York	3	11-1808992	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
October 24, 195	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6	(Date first transacted business in	Florida, if prior to registration)	
21896 Old Bridge	(SEE SECTIONS 607.1501 & 607.150 e Trail. Boca Raton, Florida 33428	22, F.S., to determine penalty liability)	
7. 21030 Old Bridg		e street address)	
	(i i incipal office	super address)	
8. Name and stree Name:	et address of Florida registered agent: (P.O. Jay I. Miller	address, if different) Box NOT acceptable)	20:01
Office Address:	21896 Old Bridge Trail		:
	Boca Raton	, Florida 33428 (Zip code)	(3) (2)
	(City)	(Zip code)	٦ :
designated in this further agree to c and I am familiar	ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relevant and accept the obligations of my positive (Registered agent's significant agent's sign	Ills	city. I [©] duties,
		icial having custody of corporate records in the jurisd	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS				
□ Chairman	Name:	☐ Chairman	Name:	
□Vice Chairman	Address: 21896 Old Bridge Trail	□Vice Chairman	Address:	
□Director	Boca Raton, FL 33428	Director		
President		President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	Secretary		□Treasurer
Other	Other	Other		Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	Other		□ Other
□ Chairman	Name:	□ Chairman	Name:	2021 :-
□Vice Chairman	Address:	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·
□Director		□Director		
□President		□President		-
□Vice President		□Vice President		
□ Secretary □	□Treasurer	Secretary		☐Treasurer
□Other	Other	□Other	·-·-	□ Other
12. X The officer or direct	Jse an attachment to report more than six (6). The added to the index when filing your Florida De Signature of Din the signing this document (and who is listed in lise information submitted in a document to the	nature of State Annual Re rector or Officer number 11 above) affirms the	port form.	ed herein are true and that he or

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COMBINE DISTRIBUTING INC. was filed on 10/24/1956, under the name of AVENUE DISTRIBUTING INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment AVENUE DISTRIBUTING INC., changing its name to COMBINE DISTRIBUTING INC., was filed 03/23/1962.



2020 ACC 3U P1 3: 24

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of April two thousand and twenty.

Brada C Hydra

Brendan C Hughes
Executive Deputy Secretary of State