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(City/State/Zip/Phone #)

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MS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CS DISTRIBUTORS 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:

RHONDA M ROBERTELLI

Name of Person

CS DISTRIBUTORS INC

Firm/Company

5570 FLORIDA MINING BLVD S STE 401

Address

JACKSONVILLE FL 32257

City/State and Zip code

rhonda@comvox.com

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

For further information concerning this matter, please call:

RHONDA M ROBERTELLI

904

309-6305

at (

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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.*

1. CS DISTRIBUTORS 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. WYOMING 3. 833827353  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/27/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. UPCOMING  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5570 FLORIDA MINING BLVD S. STE 401, JACKSONVILLE FL 32257  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: HENRY ROBERTELLI
- Office Address: 9838 OLD BAYMEADOWS RD #197
- JACKSONVILLE, Florida 32256  
(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.*

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

**A. DIRECTORS**

☐ Chairman Name: RHONDA M ROBERTELLI  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5570 FLORIDA MINING BLVD S  
☐ President STE 401  
☐ Vice President JACKSONVILLE FL 32257  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: LEONARDO BARROSO  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5570 FLORIDA MINING BLVD S  
☐ President STE 401  
☒ Vice President JACKSONVILLE FL 32257  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


☐ Chairman Name: SIMONE BARROSO  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5570 FLORIDA MINING BLVD S  
☐ President STE 401  
☒ Vice President JACKSONVILLE FL 32257  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Chairman Name: HENRY ROBERTELLI II  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5570 FLORIDA MINING BLVD S  
☐ President STE 401  
☐ Vice President JACKSONVILLE FL 32257  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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.

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. /s/ RHONDA M. ROBERTELLI  
(Typed or printed name and capacity of person signing application)

# State of Wyoming

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## *Office of the Secretary of State*



United States of America, } ss.  
State of Wyoming

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

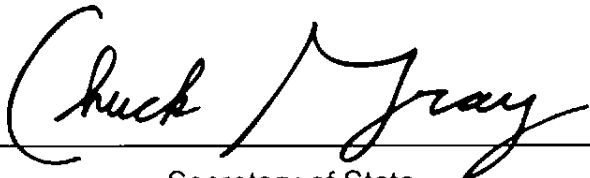
**CS Distributors Inc.**  
is a  
**Profit Corporation**

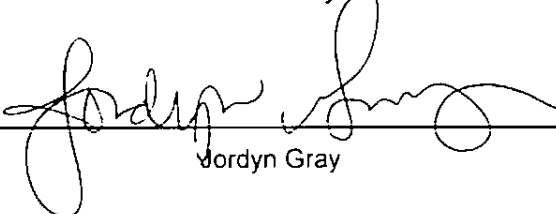
formed or qualified under the laws of Wyoming did on **December 27, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000736913**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of April, 2024 at 2:02 PM.



  
Secretary of State

By   
Jordyn Gray