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TRANSMISSION DATE/TIME

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

Attn: Freta Lott

600001625976
-11/02/95--01025--009
*****70.00 *****70.00

SUBJECT: Cutters Korner, Inc., a Delaware corporation
(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", 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:

Nadine G. McFatter

(Name of Person)

P. O. Box 50555

Box/Company Address

Jax Beach, FL 32240

Address, City, State, Zip

(City, State and Zip Code)

THANK YOU VERY MUCH,
FRETA, FOR ALL YOUR
HELP ON THE TELEPHONE
YESTERDAY.

Should you need to call someone concerning this matter, please call:

Nadine G. McFatter

(Name of Person)

at (904) 249-5912

Area Code & Daytime Telephone Number

RECEIVED
FLORIDA
DEPARTMENT
OF STATE
11/02/95
S5 CCT 27 AM 9:32

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. Cutters Korner, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Delaware 3. 59-3338097
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 27, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 11290 St. Johns Industrial Pkwy., Suite 1

Jacksonville, Florida 32246
(Current mailing address)

8. Wholesale distribution of parts

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Nadine G. McFatter

Office Address: 234 9th Ave., So.

Jax Beach, Florida, 32250
(Zip Code)

10. 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.

Nadine G. McFatter
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Kimberly Ann Nielsen

Address: 11290 St. Johns Industrial Pkwy., #1

Jacksonville, Florida 32246

Vice Chairman: None

Address: _____

Director: John Smith

Address: _____

Digitized by srujanika@gmail.com

Director: _____

Address: _____

B. OFFICERS (575) - To address sales, B. C. B. 1987, see Add. 1.

2. SERVICES (Street address only - P. O. Box NOT acceptable)
Residence: 1000 Karpinski Ave. Nine

President: WILHELM WILHELM

Address: 11250 St. Johns Industrial Pkwy., #1

JACKSONVILLE, FLORIDA 32246

VICE PRESIDENT: None

Address: _____

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Secretary: Nadine G. Mazzetti 23 23

Address: 234 9th Ave., So.

Sax Beach, Florida 32250

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number
12 of the application)

14. Kimberly Ann Nielsen, President
(Typed or printed name and capacity of person signing application)

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State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUTTERS KORNER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

95 OCT 27 AM 9:31
EDWARD J. FREEL
SECRETARY OF STATE

Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION

7575932

ED

07-18-95