# F980000004640

TO: Qualification/Tax Lien Section Division of Corporations		200 <u>0026</u> 1 *****122.	1-9652-07 50 ****122.50
SUBJECT: Independent (Name of c	Corporation - must include suffix	perative,	Inc.
Dear Sir or Madam:		2000021 3000026 -18/13/98	10652
The enclosed "Application by Foreign Of Florida", "Certificate of Existence", and foreign corporation to transact business	Corporation for Authorization to check are submitted to registe in Florida.	er the above reference	ed
Please return all correspondence concern	ning this matter to the following	ng: $\mathcal{W}^{q}$	8-15001
Mark K	Name of Person)		P625
Independent	Furchasing (Firm/Company)	opperative	, Inc.
9200 S.Da	Leland Blul (Address)	#705	added line
Miami	F_ 33/5 (City/State/Zip)		added whe 8 per phone call

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

Mark C. Richards
(Name of Person)

at (305) 670 004/ (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

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

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 TILED NIG 14 MM 9: 26 ARASSEE FINANCE



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

AUG 1 2 1998

August 7, 1998

MARK R. RICHARDS INDEPENDENT PURCHASING COOPERATIVE, INC. 9200 S. DADELAND BLVD. #705 MIAMI, FL 33156

SUBJECT: INDEPENDENT PURCHASING COOPERATIVE, INC.

Ref. Number: W98000018001

We have received your document for INDEPENDENT PURCHASING COOPERATIVE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A brief description of the entity's nature of business must be included in the document.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2,315.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

Please note that we are returning the certified copy you submitted, as it is not necessary for filing.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers

**Document Specialist** 

Letter Number: 198A00041365



August 12, 1998

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed you will find a check in the amount of \$2,315.00, to cover both annual report and penalty fees.

I have also included a Fed Ex air bill, so that we may receive any information in return via Fed Ex

Should you need to contact IPC you can do so at (305) 670-0041 Ext. 21

Sincerely,

Loida De Leon - Fernandez Administrative Assistant

# 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.	Independent Inrchasing Cooperative, 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.)
	(State or country under the law of which it is incorporated)  3. 65-070/8855  (FEI number, if applicable)
4.	(Date of Incorporation) (Duration Year corp. will cease to exist or
6.	9/3/96 "perpetual") His 2 1
7.	9/3/96 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)  9200 S Dadeland Blvd #705
	Miami, FL 33156 (Current mailing address)
	(Current mailing address)
8.	To operate as a purchasing Cooperative  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT
	Name: Mark D. Lichards
	Name: 11/11/2 VC. 1Chards
	Office Address: 9200 S. Dadeland Blue #705
	Miami, Florida, 33/56 (Zip Code)
10	). Registered agent's acceptance:
r.r	ming been named as registered agent and to assent service of messess for the shows stated
co re ali	aving been named as registered agent and to accept service of process for the above stated proporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of a statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent.

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.

(Registered agent's signature)

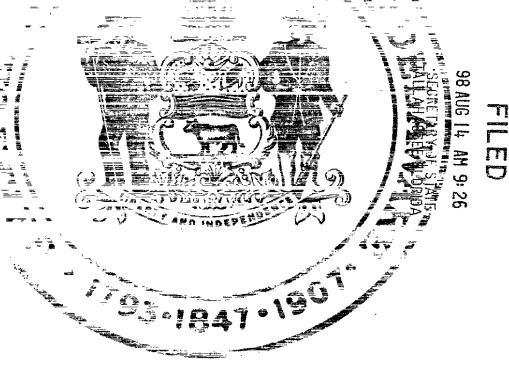
12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Vice Chairman: La Address: 3/ Director: Address: 2 Director: Jan Address: 2 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: 92 Address: 6 Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. or any officer listed in number 12 of the application)

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

### State of Delaware

## Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDEPENDENT PURCHASING COOPERATIVE, 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 FOURTH DAY OF AUGUST, A.D. 1998.



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 08-04-98

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