TRANSMITTAL LETTER

	tion/Tax Lien Section of Corporations	ı	•	- ·
Division			•	
SUBJECT:	LELAND	WHOCESHIE f corporation - must include su	CORP.	
	(Name o	f corporation - must include su	ifix)	
Dear Sir or Mad	am:			- 11 an
Florida", "Certif foreign corporat	ion to transact busine	·	Togistor the above re	ALC STORE
Please return all	correspondence con	cerning this matter to the f	ollowing:	8 영화 1
	m5.	(Name of Person)	LA	ED STATE OF STATE
_		(Name of Person)		6 2
_	LELAN	D WHOLE SALE (Firm/Company)	Cort.	enth-
	219 3	S. RIVERHILLS (Address)	DL.	8/28
		(Address)		
	TEMP	LE TERRACE, (City/State/Zip)	Fh 3861	7
. <i>.</i>		(City/State/Zip)	-08/17	618203— 798—01150—006 22.50 ****122.50
Should you nee	ed to call someone co	ncerning this matter, pleas	se call:)98-18813 [—]
(C) 181	STI VILA	at (#13) 984- rea Code & Daytime Te	9296 lephone Number)
(Name o	f Person)	<u>.</u>	1100 COGO CO 2 Ly 111110 22	•
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COURTER AT	DDRESS:	MAILIN	IG ADDRESS:	

Qualification/Tax Lien Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

COURIER ADDRESS:

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St

Qualification/Tax Lien Sec.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 18, 1998

CHRISTI VILA LELAND WHOLESALE CORP. 219 S. RIVERHILLS DR. TEMPLE TERRACE, FL 33617

SUBJECT: LELAND WHOLESALE CORP.

Ref. Number: W98000018813

We have received your document for LELAND WHOLESALE CORP. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 898A00042662

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.	LELAND WHOLE SALE CORP.	
	(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.	Sourry CAROLINA 3. 57-1008472. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	DET. 12, 1994 5. PERPETUAL	
	Det. 12, 1994 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
6.	. (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
7	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	· <u>*</u>
1.	GO T	<u></u> -
	TEMPLE TERRACE FL 33617 8	CREI
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	္မရင
	(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: (P.O. Box or Mail Drop Box NOT acceptable)	28. 28.
	Name: CHRISTI VILA	
	Office Address: 219 S. RIVERHILLS Du	
	TEMPLE TERRACE , Florida , 33677 (Zip Code)	
10	Registered agent's acceptance: (Zip Code)	
co. reg all	aving been named as registered agent and to accept service of process for the above starporation at the place designated in this application. I hereby accept the appointment gistered agent and agree to act in this capacity. I further agree to comply with the provision statutes relative to the proper and complete performance of my duties, and I am familiar is accept the obligations of my position as registered agent. (Registered agent's signature)	as s of
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)

Chairman:	·	
		· · · · · · · · · · · · · · · · · · ·
- Vice Chair	man:	
		,
– Director: _	· -	<u> </u>
- Director: _		
	ERS (Street address only-P.O. Box NOT acceptable) ROWALD ANVENISHONE	
	200 Flan ST.	
Address: _	210 ELM ST. CONWAY, 5C 29526	3
Address:	CONVOY, 5C 29526 ONE GENEVE E. THURNER, JR. 929 BURNEY LN.	
Address: _	CONVOY, SC 29526 ONE: GEORGE E. THURNER, JR. 929 BURNEY LN. CINCINNATI, ON 45230	
Address: _	CONVAY, SC 29526 ONE: GEORGE E. THURNER, JR. 929 BURNEY LN. CINCINNATI, ON 45230 GEORGE E. THURNER III. 30NI OBSERVATORY AVE,	
Address: _	CONVEY, SC 29526 ONE GEORGE E. THURNER, JR. 929 BURNEY LN. CINCINNATI, ON 45230 GEORGE E. THURNER III.	
Address: Address: Secretary:	CONVOY, SC 29526 THE GEORGE E. THURNER, JR. 929 BURNEY LN. CINCINNAT, ON 45280 GEORGE E. THURNER III. BONI OBSERVATORY AVE, CINCINNATION ON 45208	

14. GEORGE E. THURNER III NEST SEE'Y
(Typed or printed name and capacity of person signing application)

Chairman, Vice Chairman, or any officer listed in number 12 of the application)

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

LELAND WHOLESALE CORP.,

a corporation duly organized under the laws of the State of South Carolina on October 4th, 1994, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Sal of the State of South Carolina this 3rd day of August, 1998.

David M. Beasley, Governor

Jim Miles, Secretary of State