

TRANSMITTAL LETTER

**F99000002676**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

JOLLY WHOLESALE INC.

(Proposed corporate name - must include suffix)

200002884932--9

-05/25/99--01002--019

\*\*\*\*236.25 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

RECEIVED

99 MAY 24 PM 4:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JOLLY WHOLESALE INC

Name (Printed or typed)

PO BOX 5475

Address

ST. AUGUSTINE FL 32085

City, State & Zip

904 333 4188

Daytime Telephone number

99 MAY 24 PM 5:01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

BK  
5/24/99

NOTE: Please provide the original and one copy of the articles.

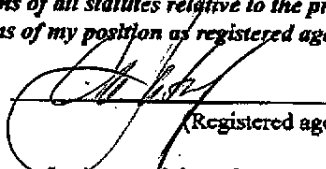
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Jolly Wholesale, 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. MISSOULA MONTANA 3. 81-050-6899  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-2-96 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4-30-99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1635 S RESERVE  
MISSOULA MT 59801  
(Current mailing address)
8. AUTO LIQUOR WHOLESALE  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: CHARLES LASKY  
Office Address: 1543 KINGSLEY LN  
ORANGE PARK, Florida, 32073  
(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.

  
(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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAY 14 PM 5:01

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
99 MAY 24 PM 5:01

**B. OFFICERS** (Street address only - P.O. Box **NOT** acceptable)

President: Jack Palmer

Address: 1635 S. Reserve

Missoula MT 59801

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Jamie Palmer

Address: 4335 Sundown Rd.

Missoula MT 59802

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

13. X 

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

14. Jack Palmer

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

# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

FILED STATE  
SECRETARY OF CORPORATIONS  
99 MAY 24 PM 3:01

I, **Mike Cooney**, Secretary of State of the State of Montana, do hereby certify that

#### **JOLLY WHOLESALE, INC.**

Duly filed its Articles of Incorporation in this office on **December 21, 1995**, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **May 10, 1999**.



*Mike Cooney*  
**MIKE COONEY**  
Secretary of State

*by Rose Ann Crawford*  
Deputy