

# MO2000007072

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHOLESALEERS UNLIMITED LLC.  
(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:

George M. PELOSO  
(Name of Person)

Wholesaler's UNLIMITED  
(Firm/Company)

4380 ST JOHN'S PARKWAY SUITE 100  
(Address)

SANFORD FLORIDA 32771  
(City/State and Zip code)

For further information concerning this matter, please call:

George M. PELOSO at (407) 302-6155  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

#125.00  
30.00  
5.00  

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160.00

FILED  
02 AUG - 8 PM 12:11  
TALLAHASSEE, FLORIDA

600006982606--7  
-08/08/02-01086--002  
\*\*\*160.00 \*\*\*160.00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. WHOLESALE'S UNLIMITED L.L.C.  
(Name of foreign limited liability company)
2. STATE OF CONN.  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1566751  
(FBI number, if applicable)
4. 01/01/00  
(Date of Organization)
5. N/A  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 8/1/02  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 4380 ST JOHN'S PARKWAY Suite 100  
SAW FORD, FL 32771  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
GEORGE M. PELOSO 526 TERA PLANTATION LANE  
D<sup>0</sup> BARY FL 32713  
DONNA M. PELOSO 526 TERA PLANTATION LANE  
D<sup>0</sup> BARY FL 32713
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: sell of  
VIDEO'S + Related Video Items

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GEORGE M. PELOSO

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Wholesaler's UNLIMITED L.L.C

2. The name and the Florida street address of the registered agent and office are:

Wholesaler's UNLIMITED LLC  
(Name)

4380 ST JOHN'S PARKWAY SUITE 100  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

SANFORD FL 32771  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

George M. Pelzer  
(Signature)

- ✓ \$ 100.00 Filing Fee for Application
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (optional)
- ✓ \$ 5.00 Certificate of Status (optional)

FILED  
02 AUG -08 PM 12:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,  
and keeper of the seal thereof, DO HEREBY CERTIFY, that

WHOLESALERS UNLIMITED, LLC

is in existence.

  
Secretary of the State

FILED  
02 AUG - 9 PM 12:11  
STATE  
TALLAHASSEE, FLORIDA

Date Issued: August 6, 2002