P17000001294

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Endy Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000306995400

12/27/17--01033--001 **78.75

DEC 27 2017

FILED
PREC 27 PH 6: NO

Terence N. Thurson

Full Service Accounting Firm 8672 Phillips Highway Jacksonville, FL 32256 Tele: (904) 764-7717 Fax: (904) 652-0366

Email: <u>Intelf1@bellsouth.net</u>
Web: <u>thursonaccounting.com</u>

December 22, 2017

RE: P15000100140

SELECTIVE WHOLESALE INC

Attn: Ricky Nickerson 410 Summerset Dr Jacksonville, FL 32259

To Whom This May Concern.

The above referenced individual Mr. Ricky Nickerson is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours.

Terence N Thurson

10-11-

Ricky Nickerson - President

COVER LETTER

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

OF ID ID OT	ECTIVE WHOLESALE INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL COPY		PY REQUIRED
FROM:		e (Printed or typed)	
-	410 SUMMERSET DR	Addusas	
	JACKSONVILLE, FL 32259	Address	
•	City	, State & Zip	
	904-764-7717		
•	Daytime '	Telephone number	
•	TNTRLT1@BELLSOUTH.NET		<u> </u>
-	E-mail address: (to be use	ed for future annual report	notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporate	SELECTIVE WHOLESALE	INC	
ARTICLE II PRINC	Principal street address	Mailing address, if different is:	
JACKSONVILLE, FL	32259		
	OSE ANY AND A he corporation is organized is:	ALL LEGAL BUSINESS F	OR A CAR BROKER.
	stock is: AL OFFICERS AND/OR DIRECTORS		
Name and Title	<u> </u>	_ Name and Title:	
Address	JACKSONVILLE, FL 32259	Address:	C#\$
	TACKSONVICEE, I'E 32239		DEC
Name and Title	<u>. </u>	_ Name and Title:	27
Address			0. 19 HA
	:		
Addr e ss			
		_	

Name and	Title:	Name and Title:	
Address		Address:	
			·····
	EGISTERED AGENT		
	r <mark>ida street address</mark> (P.O. Box NOT accepta TERENCE N THURSON	able) of the registered agent is:	
Address:	8672 PHILIPS HIGHWAY		20 2
_	JACKSONVILLE, FL 32256		0EC
ARTICLE VII II	NCORPORATOR		27
ARTICLE III II	VCORTORATOR		M 6: 40
The name and add	ress of the Incorporator is:		<u> </u>
Name:	RICKY NICKERSON		# <u>#</u>
Address:	410 SUMMERSET DR		The state of the s
	JACKSONVILLE, FL 32259		
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and	. (OPTIONAL cannot be more than five days p	.) orior or 90 days after the
	nserted in this block does not meet the applective date on the Department of State's re-		ts, this date will not be listed as
	ed as registered agent to accept service of p n familiar with and accept the appointmen		
1-	Required Signature/Registered Age		12/22/17
	Required Signature/Registered Age	nt	Date
	ment and affirm that the facts stated here epartment of State constitutes a third degre		
	ied -		12/22/17
Require	ed Signature/Incorporator		Date