

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

95 FEB 2

PHONE () **95000014093**

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Central Buyers, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Inc. File		
Record Search		
Partnership File		
Corp. File		
Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

400001410274
 -02/20/95--01045--010
 ****122.50 ****122.50

95 FEB 20 PM 12:05
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

EFFECTIVE DATE
 FEB-1-7-1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	<u>W</u>		

WALK-IN Will Pick Up 2:00 1:00

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

OF

CENTRAL BUYERS, INC.

FILED

95 FEB 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, hereby organize for the purpose of becoming a Corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida, providing for the formation, rights, privileges, immunities and liabilities of Corporation for profit.

EFFECTIVE DATE

FEB 17 1995

ARTICLE I - NAME

The name of the Corporation shall be CENTRAL BUYERS, INC.

ARTICLE II - DURATION

This Corporation shall exist perpetually, commencing on the date of execution and acknowledgment of these Articles.

ARTICLE III - PURPOSE

The Corporation may engage in any activity or business under the laws of the United States and the State of Florida's General Corporation Act.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of \$.50 par value common stock, which should be designated "Common Shares".

ARTICLE V - CAPITAL

The amount of capital with which the Corporation will begin business shall be \$100.00.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this Corporation is 1018 Marley Drive, Haines City, Polk County, Florida 33844, and the mailing address is Post Office Box 1345, Haines City, FL 33845.

The name of the initial registered agent of this Corporation is William I. Watts, 3500 Roe Road, Haines City, Polk County, Florida 33844.

ARTICLE VII

This Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by a majority vote of the stockholders, but it shall never be less than one.

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors are as follows:

GUY W. WORTELMAN

99 Pine Forest Lane
Haines City, FL 33844

ARTICLE IX - INCORPORATORS

The name and address of the initial subscriber signing these Articles are as follows:

GUY W. WORTELMAN

99 Pine Forest Lane
Haines City, FL 33844

ARTICLE X - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XI - RESTRICTIONS ON TRANSFER OF STOCK

Shares of capital stock of this Corporation shall be issued initially to the following persons in the amount set opposite their names:

GUY W. WORTELMAN

100%

Shares held by the initial shareholders listed above may not be resold or otherwise transferred to other persons unless such shares are first offered to the remaining shareholders or to this

Corporation. The price and terms at which, and the time within which, such shares may be offered and sold shall be further specified by written agreement among all of the shareholders and this Corporation.

ARTICLE XII - ADOPTION OF BYLAWS

A special meeting of the subscriber or his assigns shall be held, upon the call of the president, for the purpose of completing the organizations of the Corporation and the adoption of the bylaws and the transaction of such other business as may come before the meeting.

ARTICLE XIII - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholder is subject to this reservation.

ARTICLE XIV - TERMS OF ISSUING STOCK

Stock to be issued pursuant to these Articles of Incorporation shall be issued under the terms, provisions and conditions of 1244 of the Internal Revenue Code.

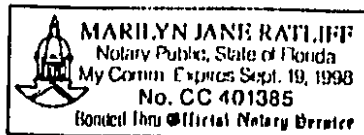
IN WITNESS WHEREOF, We have hereunto subscribed our names and affixed our seals to these Articles of Incorporation, on this 17th day of Feb., 1995.


GUY W. WORTELMAN

STATE OF FLORIDA
COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared GUY W. WORTELMAN who, being first duly sworn, deposes and says he is the individual described in and who executed the foregoing Articles of Incorporation and acknowledged before me that he executed same for the purposes therein expressed.

WITNESS my hand and official seal in the above named County and State this 17th day of February, 1995.



Marilyn Jane Ratliff
Notary Signature

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted:

CENTRAL BUYERS, INC.

desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at Haines City, County of Polk, State of Florida, has named WILLIAM I. WATTS as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated Corporation, at the place designated in this certificate, I hereby agree to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

William I. Watts
WILLIAM I. WATTS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 23 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014093**

1. Corporation Name

CENTRAL BUYERS, INC.

Principal Place of Business

Mailing Address

1018 MANLEY DR
HAINES CITY FL 33844

P O BOX 1345
HAINES CITY FL 33845



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WORTELMAN, GUY W	99 PINE FOREST LN	HAINES CITY FL 33844

400002038374--7
-12/26/96--01035--002
***375.00 ***375.00

REINSTATEMENT

dec 23/94

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATTS, WILLIAM I
3500 ROE RD
HAINES CITY FL 33844

Name

GUY W. WORTELMAN

Street Address (P.O. Box Number is Not Acceptable)

99 PINE FOREST LN

Suite, Apt. #, Etc.

City

HAINES CITY

State
FL

Zip Code
33844

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-12-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-96

Date

941-421-9825

Daytime Phone #

CR22040 (7/96)

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) CENTRA BUYERS INC	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) PO BOX 1345	5a Address of business (See instructions.) 1018 MARLEY DR
	4b City, state, and ZIP code HAINES CITY FL 33844	5b City, state, and ZIP code HAINES CITY FL 33844
	6 County and state where principal business is located POLK COUNTY FL	
	7 Name of principal officer, grantor, or general partner (See instructions.) ▶ GUY W. WORTELMAN	

8a Type of entity (Check only one box.) (See instructions.)	
<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other (specify) ▶ BUY + SELL + GROW PRODUCE	

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶	Foreign country	State
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9 Reason for applying (Check only one box.)	
<input checked="" type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 2-17-95	11 Enter closing month of accounting year. (See instructions.) 12-31
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."	<input checked="" type="radio"/> Nonagricultural	<input type="radio"/> Agricultural	<input type="radio"/> Household
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14 Principal activity (See instructions.) ▶ FARM

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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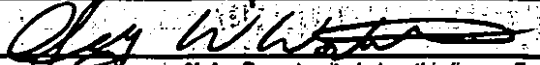
16 To whom are most of the products or services sold? Please check the appropriate box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.	
True name ▶ SUNLAND DISTRIBUTION INC	Trade name ▶ SAME

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.	
Approximate date when filed (Mo., day, year) SEPT 95	City and state where filed TRENTON NJ

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (Please type or print clearly.) ▶ GUY W. WORTELMAN	Telephone number (include area code) 941-421-9823

Signature ▶ 	Date ▶
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Please leave blank ▶				
Geo.	Ind.	Class	Size	Reason for applying