

F2400000 3488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JD ROTABLE SALES INC

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," or "Certificate of Good Standing" 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:

HECTOR TABORDA

Name of Person

JD ROTABLES INC

Firm/Company

210 Postage Way, Unit #2067

Address

Indian Trail, NC 28079

City/State and Zip code

hector@jdrotables.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR TABORDA

at (786) 543-5873

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

**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. JD ROTABLE SALES INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- JD ROTABLES INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NORTH CAROLINA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/05/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 14611 Southern Blvd, Unit #1099, Loxahatchee, FL 33470
(Principal office street address)
- _____
(Current mailing address, if different)

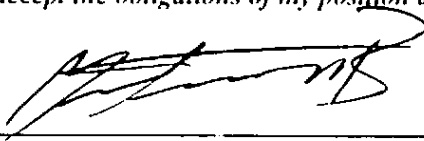
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HECTOR TABORDA

Office Address: 14611 Southern Blvd, Unit #1099
Loxahatchee, Florida 33470
(City) (Zip code)

9. Registered agent's acceptance:

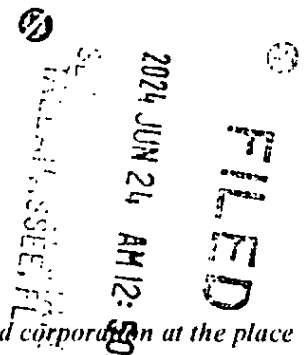
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:



A. DIRECTORS

☐ Chairman Name: HECTOR TABORDA
☐ Vice Chairman Address: P O Box 1099
☐ Director Loxahatchee, FL 33470
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

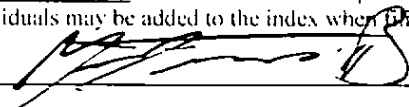
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: DIANA TABORDA
☐ Vice Chairman Address: P O Box 1099
☐ Director Loxahatchee, FL 33470
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. HECTOR TABORDA
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

JD ROTABLE SALES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of February, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

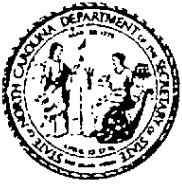


Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of June, 2024.

Elaine F. Marshall

Secretary of State



North Carolina Department of The Secretary of State

Invoice Number: 21631582

Billing Information

JD Rotable Sales
P O BOX 2067
INDIAN TRAIL, NC 28079

Contact: JD Rotable Sales

Invoice Number: 21631582

Customer Id Number: 200921145

Invoice Date: 6/19/2024

Account Type: Payment upon Delivery

Ship Via: Online

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence JD ROTABLE SALES, INC.							
1210 0511 435100072	120456383		1		\$10.00	\$10.00	Paid
Electronic Transaction Fee							
2120 0502 437993	120456384		1		\$3.00	\$3.00	Paid

Payment Details

Credit: Cart for \$13.00, Amex Acct XXXXXXXXXXXXXXX2003, TXId:

			1		\$13.00	\$13.00	Payment
							\$0.00

Make check payable to:

NC Secretary of State

Online Payment:

<https://www.sosnc.gov/payinvoice>



Scan to pay online.

Include Invoice Number on all remittance and send to:

Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:

Customer Service at (919) 814-5400 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, as mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a \$35.00 processing fee for all returned checks and ACH returns.