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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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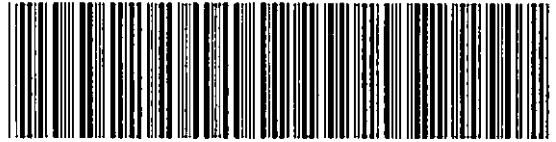
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Calvert Company, 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:

Keith T. Blakemey
Name of Person
The Calvert Company, Inc
Firm/Company
120 Aztec Drive
Address
Richland MS 39218
City/State and Zip code
Kblake@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith T. Blakemey at (601) 479-9127
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Enclosed is a check for the following amount:

- \$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

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

IN COMPLIANCE WITH SECTION 605.0102, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C."
The Calvert Company, Lnc
2. Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C."
The Calvert Company, Inc
3. Tax identification number, if applicable.
MS 64-0792921

4. Per Qualifications
(List the principal business office of the foreign limited liability company)
120 Aztec Dr. W. 120 Aztec Drive
(Main Address of Principal Office) (Main Address)
Richland MS 39218 Richland MS 39218

5. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Beverly Wilson
Office Address: 8164 Peninsula St.
NAVAJO, Florida 33566
(City) (Zip code)

Registered agent's acceptance:
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 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.

Beverly Wilson
(Registered agent's signature)

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2. For mixed liability purposes, list names, titles, capacities, and addresses of the primary or sole contributors to persons mentioned in paragraph 1(a) (Total)

Title or Capacity	Name and Address	Home County	Name and Address
<input checked="" type="checkbox"/> Manager	Name: David Smith	<input checked="" type="checkbox"/> Madison	Name: Keith Blakeney
<input checked="" type="checkbox"/> Member	Address: 120 Aster Drive	<input checked="" type="checkbox"/> Madison	Address: 120 Aster Drive
<input checked="" type="checkbox"/> Authorized Person	Richland, MS 39218	<input checked="" type="checkbox"/> Authorized	Richland, MS 39218
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Greg Davall	<input type="checkbox"/> Madison	Name: _____
<input type="checkbox"/> Member	Address: 120 Aster Drive	<input type="checkbox"/> Madison	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Richland, MS 39218	<input type="checkbox"/> Authorized	Richland, MS 39218
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Ben Hall	<input type="checkbox"/> Madison	Name: _____
<input checked="" type="checkbox"/> Member	Address: 120 Aster Drive	<input type="checkbox"/> Madison	Address: _____
<input type="checkbox"/> Authorized Person	Richland, MS 39218	<input type="checkbox"/> Authorized	Richland, MS 39218
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

1. This document is executed in accordance with section 601.020(1)(b), Florida Statutes, I am aware that any false information submitted as a document to the Department of State is a crime as provided for in s 217.155, F.S.

10. This document is executed in accordance with section 601.020(1)(b), Florida Statutes, I am aware that any false information submitted as a document to the Department of State is a crime as provided for in s 217.155, F.S.

11. Attached is a certificate of residence, not more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is registered. (If the certificate is in a foreign language, a translation of the certificate under each of the languages must be submitted.)

Keith Blakeney

 Keith T. Blakeney
(Print or typed name of signer)

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4:22:29

State of Mississippi
Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 8, 1990, the State of Mississippi issued a Charter/Certificate of Authority to:

THE CALVERT COMPANY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
March 20, 2012

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State

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DELBERT HOSEMAN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
THE CALVERT COMPANY, INC.	Legal
AZZ DBA	Fictitious Name

Business Information

Business Type:	Profit Corporation
Business ID:	575342
Status:	Good Standing
Effective Date:	10/08/1990
State of Incorporation:	Mississippi
Principal Office Address:	3100 W. 7th Street, Suite 500 Fort Worth, TX 76107

Registered Agent

Name
C T CORPORATION SYSTEM 645 LAKELAND EAST DR STE 101 FLOWOOD, MS 39232

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Officers & Directors

Name	Title
Sam Rosen 2200 First City Bank Tower, 201 Main St Fort Worth, TX 76102	Incorporator
Thomas E. Ferguson 3100 W. 7th Street, Suite 500 Fort Worth, TX 76107	Director, President
	Director, Treasurer, Vice President