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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
	ECT: PATTON'S SERVICE COMPANY, INC.						
SUBJ	Name of Corporation – must include suffix						
Dear S	r or Madam:						
Affair	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	CINDY PATTON						
	Name of Person						
	PATTON'S SERVICE COMPANY, INC.						
	Firm/Company						
	P. O. BOX 120						
	Address						
	RUSTON, LA 71273-0120						
	City/State and Zip Code						
	office@pattonsrv.com						
	E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:						
MEG.	N CRAIG 318 255-3380 at ( )						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address: Street Address:						
	Registration Section Registration Section						
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee						
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						
	Tallahassee, FL 32314  Tallahassee, FL 32303						
	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE						
	00 Filing Fee □\$78.75 Filing Fee & □\$78.75 Filing Fee & ■\$87.50 Filing Fe  Certificate of Status Certified Copy Certified Copy  Certified Copy	Status &					

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

PATTON'S SE	ERVICE COMPANY, INC				
(Name of corpus	ration, must include the word "INCO ige as will clearly indicate that it is a resent, "Company" or "Co." may not	corporation instead of a	natural person or partn	ership if not so conta-	ke ined
df name unava	ilable in Florida, enter alternate corpo	orate name adopted for t	he purpose of transacti	ng business in Florida	<u>a)</u>
LOUISIANA		3 72-1418343			
(State or cour	stry under the law of which it is irear	porated)	(FEI number, if appli	eable)	_
06/01/1998		5.			
10	Date of Incorporation)	(D	ate of duration, if other	r than perpetual)	_
i. Objektivst condi	ucted affairs in Florida if prior to registi	ration Son socious 617.1	501 .8 617 1502 F S 4	determine occaliv lia	hilus 1
2560 HIGHW	AV 33 PHSTAN LA 71276	Tallots See sections (77.7	pri - Q. (277,1792, 17,3 A	the termine permity ma	,,,,,,,
2.007 (11(11) 47	AY 33, RUSTON, LA 71270 (Pri	ncipal office street addr	ess)		
	PHSTON LA 71273-0120				
r. O. BOX 129.	(Curren	nt mailing address, if dif	ferent)	<u>.</u>	
ELECTRICAL	GENERAL CONTRACTOR				
(Purpose(s) of c	GENERAL CONTRACTOR Corporation authorized in home state of	or country to be carried	out in the state of Florid	da) 📇 😸	
. Name and <u>stre</u>	cet address of Florida registered a	gent: (P.O. Box <u>NOT</u>	acceptable)	NOV CRETA AHAS	FILED
Name:	urs AGENTS, LLC  3458 Lakeshore Dr.  Tallahassee  (City)				
Office Address:	3458 Lakeshore Dr.	ive			111
	Tallahassee	. Florida	32312	93 <b>f.</b>	$\mathcal{O}$
	(City)	,	(Zip Code)	3) DA	
<ol> <li>Registered laving been na lesignated in th wither agree to</li> </ol>	agent's acceptance: med as registered agent and to a is application, I hereby accept th comply with the provisions of al ar with and accept the obligation	ccept service of proces e appointment as regi I statutes relative to th	ss for the above state stered agent and agi te proper and comple	ed corporation at th ree to act in this ca	e place pacity.
	By How	Revistered agent's signature	Kris	sten Ellison	,
		regimered agent's signati	····· Asst	. Secretary	
1. Attached is the Departn	a certificate of existence duly authent of State, by the Secretary of S	henticated, not more the State or other official h	nan 90 days prior to diaving custody of cor	delivery of this appl porate records in th	ication e

jurisdiction under the law of which it is incorporated.

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

A. DIRECTOR	CYNTHIA PATTON Name:	□ Chairman	CYNTHIA PATTON  Name:					
□Vice Chairman	Address:	□Vice Chairman						
Director	RUSTON, LA 71270	□Director						
□President		President						
□Vice President		□Vice President						
Secretary	□Treasurer	Secretary	□Treasurer					
□Other:	Other:	□Other:	Other:					
□Chairman □Vice Chairman ■Director □President □Vice President □Secretary □Other:	WILLIAM A. PATTON  Name:  P. O. BOX 120  Address:  RUSTON, LA 71273-0120   Treasurer  Other:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name:Address:					
<b>⊡Chairm</b> an		□Chairman	Name:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other:	☐ Other:	□Other:	Other:					
NOTE: 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.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. (Typed or printed name and capacity of person signing application)								



. As Serrelary of State of the State of Louisiana . I do bearly Certify that

PATTON'S SERVICE COMPANY, INC.

A corporation domicited in RUSTON, LOUISIANA,

Filed charter and qualified to do business in this State on February 13, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, In testimony whereof, I have hereunto set my

November 11, 2021

Web 34612448D



Certificate ID: 11483507462N83

To validate this certificate, visit the following web site, go to Business Services, Search for Louistana Business Filings, Validate a Certificate, then follow vog.el.sos.www the instructions displayed