F23000001024

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

Office Use Only



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2023 FEB | 7 AM | 11: 28

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Acc#I20160000072

4:1 DW

02/17/2022

Date:

Name:	Mize Farm & Garden Supply, Inc.			
Document #:		-		
Order #:	14763584 -	3		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notification HELEN@MIZEONLINE.COM	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: :	\$ 78.75		

Thank you!

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJI	r ct .	MIZE FARM & GARDEN SUPPLY, INC.				
30031	Name of corporation - must include suffix					
Dear Si	ir or M	adam:				
"Certifi	icate of		authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please	return	all correspondence concerning this matter	to the following:			
		HELEN W	AGNER			
		Name of P	erson			
MIZEF	ARM a	& GARDEN SUPPLY, INC.				
		Firm/Comp	pany			
		625 WESIN	PAR RD			
		Addre	SS			
		JOHNSON CITY	T, TN, 37604			
	-,	City/State an	d Zip code			
		HELEN@MIZEO	NLINE.COM			
		E-mail address: (to be used for	or future annual report notification)			
For fur	ther in	formation concerning this matter, please ca	all:			
]	HELE	N WAGNER at (423	434-1810			
	Nam	c 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		tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please i	make cl	check for the following amount: neck payable to: FLORIDA DEPARTMENT ing Fee	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

e unavailable in Florida, enter alternate corporate name ac 		ftransacting business in Florida)		
3				
or country under the law of which it is incorporated)				
	(FEI nur	mber, if applicable)		
974				
(Date of incorporation)	(Date of duration	n, if other than perpetual)		
027	5/2022			
		ration)		
625 WESINPAR RD, IC	625 WESINPAR RD JOHNSON CITY, TN 37604			
·		_ ~		
(Current mailing	address, if different)			
		, C		
and street address of Florida registered agent: (P.O.	Box NOT acceptable)		
C T Corporation System				
1200 South Pine Island Road		AT 11-2		
Plantation	FI. 33324	. 6		
(City)	(Zip cod	de)		
	(Date of incorporation) (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 625 WESINPAR RD, JO (Principal office (Current mailing and street address of Florida registered agent: (P.O. Vame: 1200 South Pine Island Road	(Date of incorporation) (Date of incorporation) (Date of duration) (Date of incorporation) (Date of duration) (Date of incorporation) (Date of duration) (Date of duration) (Date of duration) (Date of duration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine per 625 WESINPAR RD, JOHNSON CITY, TN, (Principal office street address) (Current mailing address, if different) and street address of Florida registered agent: (P.O. Box NOT acceptable varies) CT Corporation System 1200 South Pine Island Road Plantation FI. 33324		

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

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

under the law of which it is incorporated.

414 15H294H WI I, WI ... (4)

A. DIRECTORS					
□Chairman	Name: HELEN WAGNER	□Chairman	Name: DARRELL WAGNER		
□ Vice Chairman	Address: 304 WOODBRIAR DR,	□Vice Chairman	Address: 304 WOODBRIAR DR,		
⊠Director	JOHNSON CITY, TN, 37604	⊠ Director	JOHNSON CITY, TN, 37604		
⊠ President		□President			
□Vice President		□Vice President			
Secretary	☐Treasurer	⊠Secretary	☐ Treasurer		
□Other	Other	Other	Other		
□Chairman	Name:	□ Chaitman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
(JVice President		□Vice President			
□Secretary	☐T'reasurer	☐ Secretary	☐Treasurer		
□Other		□Other	Other		
Chairman	Name:	□ Chairman	Name:		
□ Vice Chairman	Address:	□ Vice Chairman	Address:		
Director		□Director			
□President		∐President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary	☐ Treasurer		
Other	Other	□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 Armual Report form.					
12.	Nelen Wa	gne			
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	HELEN WAGNER (Typed or printed name and capacity of perso	R, PRESIDENT	3		
	(1 yped or printed name and capacity of perso	n signing application	9		



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

WK EFF

WK EFF

600 SOUTH

SPRINGFILED, IL 62704

February 16, 2023

Request Type: Certificate of Existence/Authorization

Request #:

0516759

Issuance Date: 02/16/2023

Copies Requested:

Document Receipt

Receipt #: 007818377

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3845418743

\$20.00

Regarding:

MIZE FARM & GARDEN SUPPLY, INC.

Filing Type:

For-profit Corporation - Domestic

Control #:

21445

Formation/Qualification Date: 01/31/1974

Date Formed:

01/31/1974

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: WASHINGTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MIZE FARM & GARDEN SUPPLY, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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