

TRANSMITTAL LETTER

FO0000000309

Qualification/Tax Lien Section
Division of Corporations

SUBJECT: BARRETT, 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", 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:

Barrett R Freeman

(Name of Person)

Barrett, Inc.

(Firm/Company)

626 Aledia Drive

(Address)

St. Augustine, FL 32086

(City/State/Zip)

500003084385-3
-12/30/99-01056-001
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Barrett R Freeman

(Name of Person)

at -904-794-7500

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FOO-309

01-19

| | |
|----------------|-----------|
| Name | Available |
| Document | Examined |
| Water | |
| Handwritten | |
| Verified | |
| Certified Copy | |
| W. P. Verifier | |



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 5, 2000

BARRETT FREEMAN
626 ~~ALEIDA DRIVE~~ *ALEIDA DRIVE*
ST. AUGUSTINE, FL 32086

SUBJECT: BARRETT, INC.
Ref. Number: W00000000372

We have received your document for BARRETT, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 900A00000556

FILED

20 JAN 18 PM 5:00

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned BARRETT R. FREEMAN, do hereby certify
(Name)

that this Resolution of the Board of Directors of BARRETT INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of GEORGIA,

was duly adopted on SEPT 19, 19 94.

Be it resolved, that BARRETT INC.,
(Corporate Name)

organized and existing in the State of GEORGIA, hereby adopts the name

BRF BARRETT INC for use in Florida.

Dated: 1/14/00

Barrett R. Freeman

Signature of either Chairman, Vice Chairman or any officer

BARRETT R. FREEMAN

Type or print name

FILED
JAN 19 PM 5:00
SECRETARY OF STATE

**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. BARRETT, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Georgia

(State or country under the law of which it is incorporated)

3. 58-2136302

(FEI number, if applicable)

4. 01-01-1995

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 12-01-99

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 626 ALEIDA DRIVE

ST. AUGUSTINE FL 32086

(Current mailing address)

8. Remodeling

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Barrett R Freeman

Office Address: 626 Aledia Drive

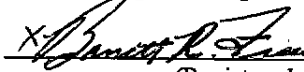
St. Augustine

, Florida, 32086

(Zip code)

10. 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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

Barrett R Freeman President 626 Aledia Drive, St. Augustine, FL 32086

Staci Freeman Vice President 626 Aledia Drive, St. Augustine, FL 32086

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Barret R Freeman

Address: 626 Aleida Drive

St. Augustine, FL 32086

Vice President: Staci Freeman

Address: 626 Aleida Drive

St. Augustine, FL 32083

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Barrett R. Freeman*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barrett Freeman - President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K93540911
CONTROL NUMBER : K424242
DATE INC/AUTH/FILED: 09/19/1994
JURISDICTION : GEORGIA
PRINT DATE : 12/20/1999
FORM NUMBER : 211

BARRETT, INC.
ATTN: BARRY R. FREEMAN
626 ALEIDA DR.
ST. AUGUSTINE, FL 32086

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BARRETT, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State