

F030000005896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALL

Office Use Only



900023887689

FILED RECEIVED
03 NOV 25 PM 4:30 PM 25 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DATE RECEIVED
11/25/2025
11:05 AM

BK

FILED
03 NOV 25 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:
(Sub Account)

Date:

11/25/03

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x261)

Corporation Name:

Dupont Yard, Inc.

Entity Number:

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

CF Internal Use Only

Client: 46753 Matter: 10302

Name: Nancy Linman Office: TAL

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Reference:
(Sub Account) _____
Date: 11/25/03
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 224-1585
Contact Name: Kim Pullen, CLA (x261)

FILED
03 NOV 25 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporation Name: Dupont Yard, Inc.
Entity Number: _____
Authorization: Kim Pullen

<input checked="" type="checkbox"/> Certified Copy	<input checked="" type="checkbox"/> Certificate of Status
<input checked="" type="checkbox"/> New Filings	_____ Plain Stamped Copy _____ Annual Report
_____ Fictitious Name	_____ Amendments _____ Registration

(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	() Will Wait	(X) Pick Up

CF Internal Use Only

Client: 46753 Matter: 10302
Name: Nancy Linnan Office: TAL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dupont Yard, Inc.
(Name of corporation - must include suffix)

03 NOV 25 PM 4:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Kim Pullen, CLA

(Name of Person)

Carlton Fields, P.A.

(Firm/Company)

215 South Monroe Street, Suite 500

(Address)

Tallahassee, FL 32301

(City/State and Zip code)

For further information concerning this matter, please call:

Kim Pullen

(Name of Person)

at (850) 224-1585

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

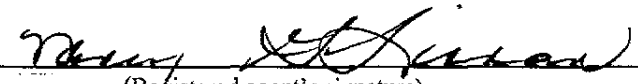
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

RECEIVED
NOV 25 1992
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Dupont Yard, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 58-1979422
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/14/92 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 103 Linnie Street, Homerville, GA 31634
(Principal office address)

103 Linnie Street, Homerville, GA 31634
(Current mailing address)
8. Buy and sell timber; manufacturer lumber; sell lumber
(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: CFRA, LLC
Office Address: 777 South Harbour Island Boulevard
Tampa, Florida 33602-5730
(City) (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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Steve Conner

Address: 103 Linnie Street

Homerville, GA 31634

Vice President: _____

Address: _____

Secretary: Barbara Morgan

Address: 941 Waycross Highway, Homerville, GA 31634

Treasurer: Pat Simons

Address: Highway 84, Main Street, Dupont, GA 31630

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Steve Conner, 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

CONTROL NUMBER : K202529
DATE INC/AUTH/FILED: 02/14/1992
JURISDICTION : GEORGIA
PRINT DATE : 11/14/2003
FORM NUMBER : 211

MOORE & STUDSTILL, P.C.
DANIEL STUDSTILL
P.O. BOX 647
NASHVILLE, GA 31639

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 as of the above print date

DUPONT YARD, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20031114172110234



Cathy Cox
Secretary of State