

FD4000001422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

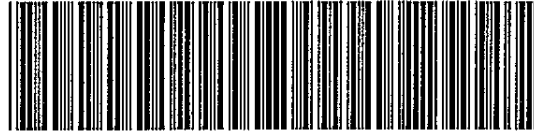
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1504-1422
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 3, 2004

THOMAS COOK
P.O. BOX 6020
RIDGELAND, MS 39158

SUBJECT: CAMPUS SUPPLY, INC.
Ref. Number: W04000008756

We have received your document for CAMPUS SUPPLY, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,300.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 504A00014361

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COPELAND, COOK, TAYLOR & BUSH, P.A.

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

200 CONCOURSE, SUITE 200
1062 HIGHLAND COLONY PKWY.
RIDGELAND, MISSISSIPPI 39157

TELEPHONE (601) 856-7200
FACSIMILE (601) 856-7626

POST OFFICE BOX 6020
RIDGELAND, MISSISSIPPI 39158
www.cctb.com

March 11, 2004

Via Federal Express

Registration Section, Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: *Campus Supply, Inc. - Application for Certificate of Authority (for Profit)*
CCT&B File No. 53-0

Dear Sir or Madam:

Enclosed please find our firm's check number 078874 in the amount of Two Thousand Three Hundred Dollars (\$2,300.00) rendered in payment of fees and penalties for the time during which Campus Supply, Inc. conducted business in Florida prior to approval of its application for Certificate of Authority (for Profit).

Also enclosed is a Certificate of Good Standing for Campus Supply, Inc. from the Mississippi Secretary of State.

Should you have any questions or need any further information, please contact me. Thank you for your assistance.

Sincerely,

COPELAND, COOK, TAYLOR & BUSH, P.A.



Gwen Burgess, Paralegal

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus Supply, 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:

Thomas A. Cook

(Name of Person)

Copeland, Cook, Taylor & Bush, P.A.

(Firm/Company)

P. O. Box 6020

(Address)

Ridgeland, MS 39158

(City/State and Zip code)

For further information concerning this matter, please call.

Gwen Burgess

(Name of Person)

at (601) 856-7200

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

**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. Campus Supply, 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. Mississippi 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 11, 1989 5. Perpetual
(Date of incorporation) (Duration: Year corp will cease to exist or "perpetual")
6. January 1, 2002
(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. 4705 I-55 North, Jackson, MS 39213
(Principal office address)
4705 I-55 North, Jackson, MS 39213
(Current mailing address)
8. To engage in the marketing, promotion and sale of scholastic products
(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: C T Corporation System
Office Address: 1200 South Pine Island Road,
Plantation, Florida 33324
(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.

C T Corporation System

By _____

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Albert N. Drake

Address: 4705 I-55 North

Jackson, MS 39213

Vice Chairman: Henry W. Flowers

Address: 4705 I-55 North

Jackson, MS 39213

Director: George E. Copeland, Jr.

Address: 4705 I-55 North

Jackson, MS 39213

Director: _____

Address: _____

B. OFFICERS

President: Albert N. Drake

Address: 4705 I-55 North

Jackson, MS 39213

Vice President: Henry W. Flowers

Address: 4705 I-55 North

Jackson, MS 39213

Secretary: George E. Copeland, Jr.

Address: 4705 I-55 North, Jackson, MS 39213

Treasurer: George E. Copeland, Jr.

Address: 4705 I-55 North, Jackson, MS 39213

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Albert N. Drake, President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14 Albert N. Drake, President

(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, 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 11, 1989, the State of Mississippi issued a Charter/Certificate of Authority to:

CAMPUS SUPPLY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

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 10, 2004

ERIC CLARK
Secretary of State