

F04000005897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

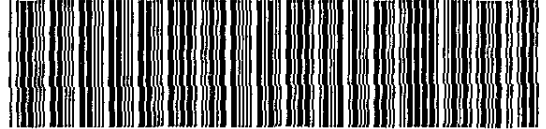
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041644890

10/13/04--01042--003 **78.75

FILED
04 OCT 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7p

Capital Glass Co., Inc.
P. O. Box 31393
3605 North West Street
Jackson, MS 39286
Phone: (601)982-0328
Fax: (601)982-0358

October 12, 2004

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

Re: Authorization to Transact Business in Florida

Dear Madam:

Please find the attached the following documentation necessary to register a foreign corporation to transact business in the state of Florida:

1. Transmittal Letter
2. Acceptance of Appointment by Registered Agent
3. Certificate of Existence- Office of the Secretary of State--State of Mississippi
4. Check #6209--\$70.00 Filing Fee
8.75 Certificate of Status

Please call our office at (601)982-0328 or e-mail me at CarrieBrannan@capital-glass.com. Your attention and assistance in this matter is appreciated.

Sincerely,



Carrie Brannan

CCB/cb

Attachment

FILED
04 OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Glass Company
(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:

Christopher A. Cox, Sr.
(Name of Person)
Capital Glass Co.
(Firm/Company)
P. O. Box 31393
(Address)
Jackson, MS 39286
(City/State and Zip code)

For further information concerning this matter, please call:

Christopher A. Cox, Sr. at (601) 982-0328
(Name of Person) (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:

- ☐ \$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

FILED
04 OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Capital Glass Company
(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. Mississippi 3. 64-0130780
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 22, 1924 5. 2023
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3605 North West Street; Jackson, MS 39216
(Principal office address)

P. O. Box 31393; Jackson, MS 39286
(Current mailing address)

8. Glass, Glazing, Windows & Skylights
(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 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: see attached
(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:

FILED
04 OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

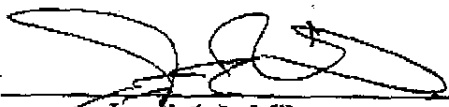
RE: Capital Glass Company

Having been named as registered agent to accept service of process for the above corporation in the state of Florida, C T Corporation System hereby accepts the appointment as registered agent and agrees to act in this capacity. C T Corporation System further agrees to comply with the provisions of all statutes relative to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

Dated: October 11, 2004

C T CORPORATION SYSTEM

By


Jonathan L. Miles,
Assistant Secretary

FILED
04 OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Christopher A. Cox, Sr.

Address: 3605 North West Street; Jackson, MS 39216

Vice President: Christopher A. Cox, Sr.

Address: 3605 North West Street; Jackson, MS 39216

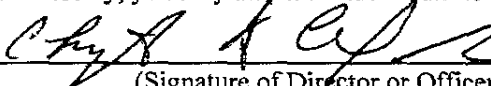
Secretary: Karen C. Cox

Address: 3605 North West Street; Jackson, MS 39216

Treasurer: Karen C. Cox

Address: 3605 North West Street; Jackson, MS 39216

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. Christopher A. Cox, Sr., President
(Typed or printed name and capacity of person signing application)

FILED
04 OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 November 22, 1924, the State of Mississippi issued a Charter/Certificate of Authority to:

CAPITAL GLASS COMPANY

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.

FILED
OCT 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Given under my hand
and seal of office
October 6, 2004

Eric Clark

ERIC CLARK
Secretary of State