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2004 OF CORPORATIONS
DIVILION OF CORPORATIONS

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: V.G. Scott 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:		
Name of Person)		
(Name of Person)		
V6 SCOTT INC		
(Firm/Company)		
PO BOX 52187 59 1 F		
(Address)		
Knoxuille TN TO ?		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Tim Scott at (865) 539-9112		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
409 E. Gaines St. P.O. Box 6327		
Tallahassee, FL 32399 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee &		

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.

"Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business of Florida 2	ł.	V. G Scott Two (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
2. State or country under the law of which it is incorporated) 3. C2-1353507 (FEI number, if applicable) 4. 3-16-88 (Date of incorporation) 5. Perpe had (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. Nate Ball CAMP Pike Knoxuelle Tru 37931 (Principal office address) PD Box 52187 (Current mailing address) 8. Sale + Technicher Of Laborator Francisco (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: Teacy Percz Office Address: HSYO Treelies Drive Personal City (City) 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		"Ine.," "Co.," "Corp," "Ine," "Co," or "Corp.")
2. State or country under the law of which it is incorporated) 3. C2-1353507 (FEI number, if applicable) 4. 3-16-88 (Date of incorporation) 5. Perpe had (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. Nate Ball CAMP Pike Knoxuelle Tru 37931 (Principal office address) PD Box 52187 (Current mailing address) 8. Sale + Technicher Of Laborator Francisco (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: Teacy Percz Office Address: HSYO Treelies Drive Personal City (City) 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		
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(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Pail Ball Camp Pike Knoxuelle The 37931 (Principal office address) PD Box 52187 Knoxuelle The 37930 - 2187 (Current mailing address) 8. Sale + Tachallahor of Lagranger Frencher (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: Tracy Perez Office Address: 4540 Treeling Drive Pensacola Florida 32504 (City) (City) 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	2.	
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Dails Ball Camp Pike Knoxuelle Tru 37931 (Principal office address) PD Box 52187 Knoxuelle Tru 37930 - 2187 (Current mailing address) 8. Sale + Turballahor of Lagrahor Furnitary (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: TRACY Percz Office Address: HS10 Treeling Drive Pensacola Format (City) Florida 32504 (City) (Zip code)		(State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.	4.	3-16-88 5. Perpe hal 300 3
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7.		(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. Pail Ball Camp Pike Knoxuelle The 37931 (Principal office address) PO Box 52187 Knoxuelle The 37930 - 2187 (Current mailing address) 8. Sale + Inchallation of Laboratory Function (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: Tracy Perez Office Address: HSYO Treeling Print (City) Florida 32504 (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	6.	1-1-04
Robert Sale 1 Tustallahor Of Laboratory Fronter (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: Tracy Perez Office Address: H510 Treeling Drive (City), Florida 32504 (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		(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
Robert Sale 1 Tustallahor Of Laboratory Fronter (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: Tracy Perez Office Address: H510 Treeling Drive (City), Florida 32504 (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	7.	Pail Ball CAMP PIKE KNOXUILL TH 37931
8. Sale + Turkallahor Of LABORATOR Furniture (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: TRACY Perez Office Address: 4510 Treeling Drive Pensacola (City), Florida 32504 (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	_	(Principal office address)
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9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: TRACY PERCZ Office Address: HS10 Trecline Drive Persacola Florida 32504 (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		(Current mailing address)
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Name: TRACY Perez Office Address: HSTO Trecline Drive Pensacola, Florida 32504 (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	٠.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
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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		(City) (Zip code)
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I		
	de:	signated 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.	fui	ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
una i uni junitual reale una accept the voluguations of my position as registered agent.	uil	a ram juminum man and accept the vongations of my position as registered agent.

- 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: Tim Scoff
Address: 7216 Ball CAMP P.IK
Knoxulle TN 37931
Vice Chairman: Topo Scott
Address: 7216 Ball CAMP Pike
Knoxille TN 37931
Director:
Address:
Director:
Address:
B. OFFICERS
President: Tim Scalt
Address: 1216 Ball CAMP Pike
KNOXVILL TW 37931
Vice President: Toob Scott
Address: 7216 Ball CAMP RKC
Knoxville TN 37931
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an adderstant to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. President (Typed or printed name and capacity of person signing application)

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 10/26/2004 REQUEST NUMBER: 04300514 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/16/1988 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0201060 JURISDICTION: TENNESSEE

KNOXVILLE, TN 37950-2187

KNOXVILLE, TN 37950-2187

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "V.G. SCOTT, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED



FOR: REQUEST FOR CERTIFICATE

ON DATE: 10/26/04

FROM: V.G. SCOTT, INC. PO BOX 52187

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

KNOXVILLE, TN 37950-2187

RECEIVED:

RECEIPT NUMBER: 00003601614 ACCOUNT NUMBER: 00091433



RILEY C. DARNELL SECRETARY OF STATE