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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## TRANSMITTAL LETTER

•	tion Section of Corporations				
SUBJECT: B	arlow Eddy Jenkins, PA				
_	(Name of corp	poration - must	include suffix)		- <del></del>
Dear Sir or Mad	am:				
The enclosed "A "Certificate of E transact business	pplication by Foreign Corporation of the propertion of the properties in Florida.	on for Authoriz ed to register th	ration to Transac ne above referen	ct Business in Flo aced foreign corpo	rida," oration to
Please return all	correspondence concerning this	matter to the fo	ollowing:		
Charles C. Barlo	<del></del>		· · · · · · · · · · · · · · · · · · ·		
	(N	ame of Person)			
Barlow Eddy Je		<u> </u>	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
	(Fi	rm/Company)		<del></del>	·• ¥
1530 North Stat	e Street			<u> </u>	
		(Address)			73
Jackson, Missis	sippi 39202			,	.) )
	(City	/State and Zip	code)	*	es.
For further info	mation concerning this matter, p	lease call:			) (1)
Deanna Mickle	at (60	01 <sub>)</sub> 352	-8377		
(Name			Daytime Teleph	one Number)	_
Registra Division 409 E. G	T ADDRESS: ation Section of Corporations Gaines St. ssee, FL 32399		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclosed is a ch	eck for the following amount:				
☐ \$70.00 Filin	g Fee S78.75 Filing Fee & Certificate of Statu		5 Filing Fee & ied Copy	\$87.50 Filin Certificate Certified C	of Status &



December 10, 2004

CHARLES C. BARLOW, JR. BARLOW EDDY JENKINS, PA 1530 NORTH STATE STREET JACKSON, MS 39202

SUBJECT: BARLOW EDDY JENKINS, PA

Ref. Number: W04000045277

We have received your document for BARLOW EDDY JENKINS, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6913.

Letter Number: 004A00069194

Diane Cushing Document Specialist

### 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.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Donald Komara  905 East Parkway Drive  Stuart , Florida 34996		able in Florida, enter alternate corpora	ate name adopted for the purpose of transacting busin	ess in Florida)
January 10, 1984  (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)  1530 North State Street, Jackson, Mississippi 39202  (Principal office address)  1530 North State Street, Jackson, Mississippi 39202  (Current mailing address)  Architectural services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Donald Komara  905 East Parkway Drive  Stuart  Florida 34996				
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1530 North State Street, Jackson, Mississippi 39202  (Principal office address)  1530 North State Street, Jackson, Mississippi 39202  (Current mailing address)  Architectural services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Donald Komara  Flice Address: 905 East Parkway Drive  Stuart , Florida 34996				
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  1530 North State Street, Jackson, Mississippi 39202  (Principal office address)  1530 North State Street, Jackson, Mississippi 39202  (Current mailing address)  Architectural services  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Donald Komara  Flice Address: 905 East Parkway Drive  Stuart , Florida 34996				
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Name: Donald Komara  905 East Parkway Drive  Stuart , Florida 34996	(Purpose(s	i) of corporation authorized in home st	tate or country to be carried out in state of Florida)	9
Ffice Address: 905 East Parkway Drive Stuart , Florida 34996	Name and stree	et address of Florida registered ager	nt: (P.O. Box NOT acceptable)	
ffice Address: 905 East Parkway Drive Stuart , Florida 34996		Donald Komara		
Stuart , Florida 34996	Name:			
, i fortda <u>54330</u>		905 East Parkway Drive		
(E.ty)		Stuart	, Florida 34996	
v voenter or afore a accelonment	ffice Address:		, Florida 34996 (Zip code)	
·	ffice Address:  Output  Discovery the series of the series	Stuart (City) gent's acceptance:		oration at the
aving been named as registered agent and to accept service of process for the above stated corporation at th	fice Address:  . Registered apaysing been nam	Stuart (City) gent's acceptance: ned as registered agent and to acce	ept service of process for the above stated corpo	
aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this cape there agree to comply with the provisions of all statutes relative to the proper and complete performance of	fice Address:  Registered agaving been nam	Stuart (City) gent's acceptance: ned as registered agent and to acce application, I hereby accept the a	ept service of process for the above stated corpo appointment as registered agent and agree to ac	ct in this cap

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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	• • • • • • • • • • • • • • • • • • •
Presidents Chief Executive Officer - Charles C. Barlow, Jr.	1-11
Address: 227 Ingleside Drive	
Madison, Mississippi 39110	2
Vice President - J. Scott Eddy	>
Address: 54 Wintergreen Road	<u> </u>
Madison, Mississippi 39110	
Secretary/Treasurer - David T. Jenkins	
Address: 851 Fairfax Circle, Jackson, Mississippi 39211	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	
13. Churles C. Brillow, h.  (Signature of Director or Officer listed in number 12 of the	ne application)
Charles C. Barlow, Jr., Chief Executive Officer	••

(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, Missisppi

#### 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 January 10, 1984, the State of Mississippi issued a Charter/Certificate of Authority to:

BARLOW EDDY JENKINS, P.A.

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.

SE MISS

Given under my hand and seal of office September 14, 2004

Eric Clark

ERIC CLARK Secretary of State

Certification Number: 6655005-1 Page 1 of 1 Reference: FS Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify