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(Re	questor's Name)			
(Add	dress)			
(Ad	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
·		
SUBJECT: McClain, McClain, McClain, Inc. (Name of corp	oration - must include suffix)	
	,	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporatio "Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this r	natter to the following:	
Sharon Clark	·	
(Na	me of Person)	
Brunini, Grantham, Grower & Hewes, PLLC	<u> </u>	<u> </u>
(Fir	m/Company)	
Post Office Drawer 119	<u> </u>	75 OS
	(Address)	ESS TO
Jackson, MS 39205		五二
(City/s	State and Zip code)	SEEFI
For further information concerning this matter, ple	ease call:	OF STATE FLORIDA
Sharon Clark at (60	1) 973-8706	·
(Name of Person) (A	Area Code & Daytime Telephor	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee	☐ \$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.

McClain, McClain, McClain, Inc.

lf name unavail	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busin	ess in Florida)	
Mississippi		_3.	64-0756898		
State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
	anuary 14, 1987		Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist o	r "perpetual")	
N/A					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
425 Christine D	rive, Ridgeland, MS 39157				
	(Principal office	add	ress)	-1 0	
25 Christine E	Prive, Ridgeland, MS 39157			TAL SE	
	(Current mailing	add	iress)	器第	
Limited service				TARY OF ASSEE	
(Purpose(s) of corporation authorized in home state	OT C	ountry to be carried out in state of Florida)	E OF	
Name and stree	et address of Florida registered agent:	(P.C). Box NOT acceptable)	FLORIT	
Name:	Curtis Hare			D.	
fice Address:	2721 Huntington Avenue				
	Sarasota		, Florida 34232		
	(City)		(Zip code)	=	

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.

(Registered agent's signature)

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

A. DIRECTORS
Chairman: Ronald G. M. Clain
Address:
Vice Chairman: Robert Bruce Vaughn
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Ronald McClain
425 Christina Driva
Ridgeland, MS 39157
Vice President: Bruce Vaughn
Address: 84 Breakers Lane
Ridgeland, MS 39157
Secretary:
Address:
Treasurer: R. Clark Spencer
Address: 145 Trace Cove Drive, Madison, MS 39110
Address.
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Ronald & M = Clair
(Signature of Director or Officer listed in number 12 of the application)
14. Ronald 6, Wi Clain, Fre Sident (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 January 14, 1987, the State of Mississippi issued a Charter/Certificate of Authority to:

MCCLAIN, MCCLAIN, MCCLAIN, 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 11, 2005

Tic Clark

ERIC CLARK Secretary of State

SS OFFICING SOFFICING SOFF