F05000004915

(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:							
\$16 - FPC							

Office Use Only



900058333239

M. HODGES

18/16/05--01061--001 **87.50

SECHE MANGES STATE

TRANSMITTAL LETTER

Division of Corporations										
SUBJECT: Glen	nn E. Mitchell & Co.,	Inc.								
(Name of corporation - must include suffix)										
Dear Sir or Madam:										
	ation by Foreign Corporation nce," and check are submitted orida.									
Please return all corres	spondence concerning this m	atter to the following:								
	Bill Mitch	ell								
	(Nam	e of Person)								
	Glenn E. Mitche	11 & Co., Inc.								
	(Firm	/Company)								
	3583 Louisyille	Road	en 1/2							
	(2	Address)								
	Louisville, TN	37777								
	(City/St	ate and Zip code)	· · · · · · · · · · · · · · · · · · ·							
For further information	n concerning this matter, plea	se call:								
Bill Mitchel	L1 at (865) 588-5135	<u></u>							
(Name of Per	son) (A	rea Code & Daytime Teleph	one Number)							
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	ection orporations St.	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7							
Enclosed is a check fo	or 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.		<u>, Mitchell & Co.</u>			wah m m	" "COPPOD LETON!"			_
	(Enter name of c	orporation; must include	"INCORPORAT	ED,"	"COMPANY,	" "CORPORATION,"			
	"Inc.," "Co.," "C	orp," "Inc," "Co," or "Co	orp.)						
									_
	(If name unavail	able in Florida, enter alte	rnate corporate na	ame ad	opted for the	purpose of transacting bi	usiness in F	lorida))
2	Tenne	ssee		3.	62-1466	219			
,	(State or country	under the law of which i	t is incorporated)			(FEI number, if applical	ole)		
4	01/199	91	_	5.	Perpetu				
••	(Date	of incorporation)		(Duration: Ye	ar corp. will cease to exi	st or "perpe	tual")	_
_									
6.		(Date first	transacted busine	ec in F	lorida if prio	r to registration)	····		_
						rmine penalty liability)			
7	3583 L	ouisville Road.,	Louisville	TN	37777				
/٠.		<u> </u>	(Principal office	· · · ·					_
	same	· - <u>-</u>	•						
			(Current mailing	addres	(2)				_
			(Current manning	addic	,				
R	Concr	ete construction					SE	05	
ο.	(Purpose(s) of corporation authoriz	ed in home state of	or cour	try to be carri	ed out in state of Florida	i) 1> 2	=	
							· 五二	G	1 1
9.	Name and stree	t address of Florida re	gistered agent: ((P.O.)	Box <u>NOT</u> ac	cceptable)	- SS	5	[
	Name:	C T Corporation	System				m _C ;	P	П
	Name.			··· ··	 ,			#:	U
O	ffice Address:	1200 S. Pine Is	land Road	 		e e e e e e e e e e e e e e e e e e e			
		Plantation			E1 * 1	33324	, DA		
			City)		, Florida	(Zip code)			
		()	ity j			(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.

Mary R. Adams
ASSISTANT SECRETARY

- 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: ___ Address: Vice Chairman: _____ Address: _____ Director: Address: ____ B. OFFICERS _ President: ____Stephen A. Mitchell Address: ____3583 Louisville Road, Louisville, TN 37777 Vice President: William C. Mitchell Address: ____3583 Louisville Road, Louisville, TN 37777

Address: ___

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

(Signature of Director or Officer listed in number 12 of the application)

3583 Louisville Road, Louisville, TN 37777

William C. Mitchell, Vice President

Sandaw: Christopher R. Hudson

(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

TO: GLÉNN E MITCHELL & CO, INC 3583 LOUISVILLE RD

LOUISVILLE, TN 37777

ISSUANCE DATE: 08/11/2005 REQUEST NUMBER: 05223552 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/03/1991 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0235995 JURISDICTION: TENNESSEE

REQUESTED BY: GLENN E MITCHELL & CO, INC 3583 LOUISVILLE RD

LOUISVILLE, TN 37777

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "GLENN E. MITCHELL & COMPANY, 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

GLÉNN E. MITCHELL & CO., INC. 3583 LOUISVILLE ROAD

LOUISVILLE, TN 37777-0000

ON DATE: 08/11/05

RECEIVED:

FEES \$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003786588 ACCOUNT NUMBER: 00471676



RILEY C. DARNELL SECRETARY OF STATE