

# F07000003695

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cf. 7-23

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Gulf Coast L & P, Inc. dba Rent N Roll  
(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:

Shannon Strunk  
(Name of Person)

Gulf Coast L & P, Inc. dba Rent N Roll  
(Firm/Company)

2500 Amorett Street  
(Address)

Pascagoula, MS 39567  
(City/State and Zip code)

For further information concerning this matter, please call:

Kelly Goff at (228) 312-0355  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2007

SHANNON STRUNK / GULF COAST L&P, INC.  
2500 AMONETT ST.  
PASCAGOULA, MS 39567

SUBJECT: GULF COAST L & P, INC. DBA RENT N ROLL  
Ref. Number: W07000032694

We have received your document for GULF COAST L & P, INC. DBA RENT N ROLL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

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) 245-6047.

Carolyn Lewis  
Document Specialist

Letter Number: 507A00043974

## COVER LETTER

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Division of Corporations

**SUBJECT:** Gulf Coast L&P, 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:

Shannon Strunk  
(Name of Person)  
Gulf Coast L&P, Inc.  
(Firm/Company)  
2500 Amonett Street  
(Address)  
Pascagoula, MS 39567  
(City/State and Zip code)

For further information concerning this matter, please call:

Kelly Goff at (228) 312-0355  
(Name of Person) (Area Code & Daytime Telephone Number)

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(already received)

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. Gulf Coast L&P, Inc.  
(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. 20-1377327  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 2004 5. perpetual  
(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. 2500 Amoret St., Pascagoula, Ms 39567  
(Principal office address)

2500 Amoret St., Pascagoula, Ms 39567  
(Current mailing address)

8. Retail & Rental Services  
(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: CT Corporation System

Office Address: 1200 S. Pine Island Rd.

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.

Robert S. Lane

(Registered agent's signature)

Robert S. Lane  
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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

Co-President: Shannon Strunk & Cynthia Baber-Strunk

Address: 2500 Amonett St.  
Pascagoula, MS 39567

Vice President: Paul Wood

Address: 2500 Amonett St.  
Pascagoula, MS 39567

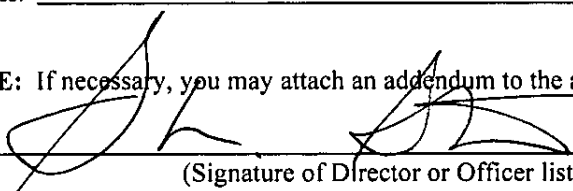
Secretary: Lauren Wood

Address: 2500 Amonett St., Pascagoula, MS 39567

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. Shannon Strunk  
(Typed or printed name and capacity of person signing application)

**FILED**

2007 JUL 23 PM 3:09

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 July 13, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

GULF COAST L & P, 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  
July 6, 2007

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK  
Secretary of State