# F08000005271

(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:

Office Use Only



300138698513

12/12/08--01039--008 \*\*78.75

SECRUIARY OF STATE
TALLAHASSEE, FLORIDA

09 050 12 AM 10:



#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Contractors Choice of MS Inc. (Name of corporation - must include suffix)
(Name of corporation - must morage surfix)
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:
Da Clase
(Name of Person)
Contractors Choice of MS Inc
(Firm/Company)
5384 Dornich Dr.
(Address)
- Auburndale 71. 33823
(City/State and Zip code)
For further information concerning this matter, please call:
Dan Close at (864) 451-9228 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle / Tallahassee, FL 32314
Tallahassee, FL 32301
Enslosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ Certificate of Status Certified Copy 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. Contractors Choice of MS Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me., co., corp, me, co, or corp. )
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>MS</u> 3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. <u>9-24-08</u> 5. <u>Perpetual</u>
(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. 5384 Dornich Dr Auburndale, 71. 33823
(Principal office address)
(Current mailing address)
(Current maning address)
8. Sub-Contractor PE 5
(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: Don Close
Office Address: 5384 Dornich Dr
Huburndale, Florida 33823 (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.
, and the second
Pau Class

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.

## A. DIRECTORS Chairman: Address: Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** President: Dan Close 7 33823 Vice President: Address: \_\_\_\_ Secretary: \_\_\_ Address: \_\_\_ Treasurer: Address: NOTE: If pecessary, 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) - President

(Typed or printed name and capacity of person signing application)

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

## State of Mississippi

#### Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, C. DELBERT HOSEMANN, JR., 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 September 24, 2008, the State of Mississippi issued a Charter/Certificate of Authority to:

CONTRACTORS CHOICE OF MS INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

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 PROPERTY OF THE PARTY OF THE

Given under my hand and seal of office December 5, 2008

C. Dellat Hosencumis, 20

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10692330-1 Page 1 of 1 Reference:

Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp