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Tallyans IIV 31 Mills

COVER LETTER

10:	New Filing Section Division of Corporations
SUBJI	ECT: Eubanks Produce, Inc.
	Name of corporation - must include suffix
Dear S	ir or Madam:
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ficate of Existence," and check are submitted to register the above referenced foreign corporation to et business in Florida.
Please	return all correspondence concerning this matter to the following:
	Janice Eubanks
	Janice Eubanks Name of Person
	Eubanks Produce Inc.
	Firm/Company
	331 Produce Road Address
	Luce dale M5 39452
	City/State and Zip code
	Janice (eubanks produce, com. E-mail address: (to be used for future annual report notification)
For fur	E-mail address: (to be used for future annual report notification) ACC ART ART ASSET TO A COLOR OF THE PROPERTY OF THE PROPER
Jo	nice Eubanks at (60) 947-966 Ebon Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
	general de la companya de la company
	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
Enclos	ed is a check for the following amount:
\$70	0.00 Filing Fee \$\ \text{S78.75 Filing Fee & Certificate of Status} \text{S78.75 Filing Fee & Certificate of Status & Certified Copy} \text{S87.50 Filing Fee, Certified Copy} \text{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. Cubanks Produce, Inc.			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
inc., Co., Corp, inc, Co, or Corp.)			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing	ess in Flo	rida)	
	C33 III I 10	ridu)	
2. M5 (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)			
4. January 1996 5. peraet ual			
(Date of incorporation) (Duration: Year corp. will cease to exist of	r "perpetu	ıal")	
6.			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7. 331 Produce Rd Lucedale MS 39452 (Principal office address)			
331 Produce Rd Lucedale MS 39452. (Current mailing address)			
(Current mailing address)	ALL ALL	2005	
	ARE	<u></u>	
8. Parming (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	SE	2009 JUL 800Z	-
(1 urpose(s) of corporation authorized in notice state of country to be carried out in state of Florida)	ARY SSEE	õ	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		₽	
Name: CharAllen Eubanks	STATE	8: 35	C
Office Address: 2331 126th Drive E	DA A	35	
Parrish , Florida 34219 (Zip code)			
(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.

Karley bel lek

(Registered agent's signature)

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		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS President: Allen Eubanks	DO JUI	
	- 30 TARY ASSE	
Address: 4208 Dickerson Sawmill Ro	AM 8: 3	П
Lucedale MS 3945Z	GR 99	
Vice President: Inice F. Eubanks	0A 35	
Address: 4208 Dickerson Sawmill Rd		
Lucedale, MS 39452		
Secretary: Janice F. Eubanks		
Address: 4208 Dickerson Sawmill Rd, Lucedale Ms	39452	
Treasurer: Charles L. Eubanks		
Address: P.O. Box 121 Lycadale MS 39452		
NOTE: If necessary, you may attach an addendum to the application listing additional officers at	nd/or directors.	
3. Janice Eulanbs		
(Signature of Director or Officer listed in number 12 of the application) 4. Janice Euranks VP		
(Typed or printed name and capacity of person signing application)		_

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 January 23, 1996, the State of Mississippi issued a Charter/Certificate of Authority to:

EUBANKS' PRODUCE, 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 AFFICING S

Given under my hand and seal of office July 24, 2009

Secretary of State

C. Delbert Hosemann, Jr.

Certification Number: 11319296-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp