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COVER LETTER

FO: New Filing Section Division of Corporations			
SUBJECT: Financial Management & Investment Corp.			
Name of corporation - must include suffix			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to regis referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Douglas W. Carroll			
Name of Person			
Financial Management & Investment Corp.			
Firm/Company			
206 22nd Avenue	Æ _{SE}	200	
Address	A R	zado oct	
Meridian, MS 39301	AS.	<u> </u>	******
City/State and Zip code	m-<	0	-
dhuffmaster@fmcfinance.net	<u> </u>	A .	T
E-mail address: (to be used for future annual report notification)	02 24	AM 11: 35	£
For further information concerning this matter, please call:	⊐¢ri ≽	35	
Billy Carroll at (601) 693-1304			
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:			
7 \$70.00 Filing Fee \$\ \tag{S78.75 Filing Fee & \tag{S78.75 Filing Fee & \tag{S87.50 Feetificate of Status}}\$	cate of	Status &	Ş

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.

(Enter name of c	anagement P ³ Investment Corp.	D,"	"COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate nar	ne a	adopted for the purpose of transacting busin	ess in Flo	orida)
Mississippi		3.	64-0714965		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 09/11/1985		5.	Perpetual		
	of incorporation)		(Duration: Year corp. will cease to exist of	r "perpet	ual")
_{5.} July 1, 2009					
- 206 22nd Av			n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
/. 200 ZZIIU AVI	(Principal office a	ddr	ress)	Ā	2(
PO Box 391.	Meridian, MS 39302			10°	2009 OCT
<u> </u>	(Current mailing a	ddı	ress)	I M	7
				SSE YRY	9
	siness with home office from Flor			ne, and	<u>tax</u>
(Purpose(s	s) of corporation authorized in home state or	co	ountry to be carried out in state of Florida)	5	=
). Name and stree	et address of Florida registered agent: (I	٥.٢	D. Box NOT acceptable)	ŞÃ.	1 <u>1</u> 2x =::35
Name:	Tag Purvis				
O.CC A.1.1	848 NE 22nd Drive Apt 5				
Office Address:					
Office Address:	Wilton Manors		, Florida 37305		

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.

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: Director: ___ Address: Director: _ **B. OFFICERS** President: Rusty Hawkins Address: 206 22nd Avenue, PO Box 391, Meridian, MS 39301 Vice President: Address: _ Secretary: Billy Carroll Address: 206 22nd Avenue, PO Box 391, Meridian, MS 39301 Treasurer: Billy Carroll Address: 206 22nd Avenue, PO Box 391, Meridian, MS 39301 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)

14. Billy Carroll, Secretary/Treasurer

(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 September 11, 1985, the State of Mississippi issued a Charter/Certificate of Authority to:

FINANCIAL MANAGEMENT AND INVESTMENT CORP.

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 Coffice 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 the transact business in Mississippi.



Given under my hand and seal of office October 11, 2009

C. Delbert Hosemann, Jr. Secretary of State

sellet Hosemann, dr.

Certification Number: 11542116-1 Page 1 of 1 Reference:

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