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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : CSH SERVICES, LLC
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FOREIGN PROFIT/NONPROFIT CORPORATION

M.H. Carmichael, Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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FILED
10 MAR 16 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10 MAR 16 PM 12:26
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4/ - 10000059446 - 3

**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. **M.H. CARMICHAEL, 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**

(State or country under the law of which it is incorporated)

3. **14-1972583**

(FEI number, if applicable)

4. **7/6/2006**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **3227 E GONZALEZ STREET, PENSACOLA, FLORIDA 32503**

(Principal office address)

3227 E GONZALEZ STREET, PENSACOLA, FLORIDA 32503

(Current mailing address)

8. **any activity or business permitted under the laws of the State of Florida**

(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: **MALCOLM CARMICHAEL**Office Address: **3227 E GONZALEZ STREET****PENSACOLA**

(City)

, Florida 32503

(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.

(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.

4/ - 10000059446 - 3

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

10000059446-3

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: MALCOLM CARMICHAELAddress: 3227 E GONZALEZ STREET, PENSACOLA, FLORIDA 32503Vice President: LYNN CARMICHAELAddress: 3227 E GONZALEZ STREET, PENSACOLA, FLORIDA 32503

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Lynn Carmichael
(Signature of Director or Officer listed in number 12 of the application)14. Lynn Carmichael
(Typed or printed name and capacity of person signing application)

10000059446-3

4-10000059446-3

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

CERTIFICATE

I, C. DELBERT HOSEMAN, 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 July 6, 2006, the State of Mississippi issued a Charter/Certificate of Authority to:

M. H. CARMICHAEL, 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.



Given under my hand
 and seal of office
 March 16, 2010

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
 Secretary of State

10 MAR 16 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4-10000059446-3