# F10000001339

(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

6540-

645, W10000001200

\$ 1250.00



600163827686

03/17/10--01019--003 \*\*1250.00

12/23/09--01039--014 \*\*70.00

2010 MAR 15 PM 1: 45

11/10

## **COVER LETTER**

	ew Filing Section vision of Corporations			
SUBJEC	T: MAlout	Furniture Con	npany	
		ration - must include suffix)		
Dear Sir o	r Madam:			
"Certificat	ted "Application by Foreign Corporation e of Existence," and check are submitted siness in Florida.			
Please retu	irn all correspondence concerning this-ma	2 Flemming	)	
	Mal	e of Person)	re	·····
	920 F	(Company)	st	
	Specy	Address) NWOOD MS	38924	
	(City/Sta	ate and Zip code)		
For further	information concerning this matter, plea	se call:		
Za	ne Hemming at cled	123-169	îY	
()	lame of Person) (Ar	rea Code & Daytime Telepho	one Number)	2
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing Se Division of Co P.O. Box 6327	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	s a check for the following amount:			
\$70.00	Filing Fee S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□\$87.50 Filin Certificate	e of Status &



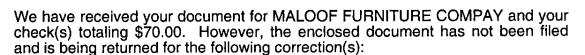
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2010

ELAINE FLEMMING 920 HIGHWAY 82 WEST GREENWOOD, MS 38924

SUBJECT: MALOOF FURNITURE COMPAY

Ref. Number: W1000001200



According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1250.00.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 010A00005158





SECRETARY OF STATE DIVISION OF CORPORATION

2010 MAR 15 PM 1:45

#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 11, 2010

**ELAINE FLEMMING** 920 HIGHWAY 82 WEST GREENWOOD, MS 38924

SUBJECT: MALOOF FURNITURE COMPAY

Ref. Number: W1000001200

We have received your document for MALOOF FURNITURE COMPAY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please complete line 6.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 010A00000798

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#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

	WITH SECTION 607.1503, EIGN CORPORATION TO			
	MALLOUE FUL	niture l'a	<b>UM40M</b>	
	poration; must include "INCO p," "Inc," "Co," or "Corp.")	RPORATED," "CO	MPANY," CORPORAT	ION,"
(If name unavailat	ole in Florida, enter alternate co	orporate name adopte	d for the purpose of transac	cting business in Florida)
_	Mississippi	3.	104- Dle2	2960
(State or country u	nder the law of which it is inco		(FEI number, if a	pplicable)
	19ng	5.	Der	etial
(Date o	t incorporation)	(Dur	ation: Year corp. will cease	e to exist or "perpetual")
	2005			
			da, if prior to registration) S., to determine penalty lial	bility)
	7745 Gulf	Shorts T	Rwy Foly	1 AL 36535
**************************************	920 HWY 8	2 West	Greenwood	MS 38930
	fornitive	deliver	ا	2
(Purpose(s)	of corporation authorized in ho	ome state or country	to be carried out in state of	Florida)
Name and street	address of Florida registered	l agent: (P.O. Box	NOT acceptable)	ECRE SION ( MAR
Name:	DANA	Schreibe		FILE TARY COR 15 F
ffice Address:	in 4038 W	ittis (ja	Y YEV-3257	F S FAIL F CRATION
	(City)	יאני ,	Florida (Zip code)	<i>y</i>
signated in this a rther agree to con	l as registered agent and to pplication, I hereby accept	the appointment a all statutes relative	s registered agent and ag to the proper and comp	ted corporation at the place gree to act in this capacity. I lete performance of my dutie
		Silter		
4	(Registered agen	t'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:

Chairman:	Alex MALOUR	SECRETARY DIVISION OF CO	LU OF STATE RPORATIONS
Address:	1210 Grand Radinard	2010 MAR 15	PM 1:45
Vice Chairman:			
Address:			
Address:			<del></del>
Director:			
Address:			
B. OFFICERS  President:  Address:	Gardner Malout PO Box 902 Magnolia Springs AL 36	v535	
Vice President:			
Secretary:			
Address:			
Treasurer:			
	y, you may attach an addendum to the application listing additional offic	in and the state of	
13		ers and/or director	S.
14.	(Signature of Director or Officer listed in number 12 of the application  (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 28, 1979, the State of Mississippi issued a Charter/Certificate of Authority to:

MALOUF FURNITURE COMPANY

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 December 10, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 11677823-1 Page 1 of 1 Reference:

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