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### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Southeastern Management Company, Inc.  Name of corporation must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:  B. Bronson Tabler  Name of Person		
Name of Ferson		
B. Bronson Tabler, P.A.		
Firm/Company		
P.O. Box (129, 103 W. College St.		
Booneville, MS 38829  City/State and Zip code		
Cathy@ tablerlaw.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cathy Frederick at (662) 210-8400		
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:		
\$70.00 Filing Fee \$\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy  \$20.00 Filing Fee & Certified Copy  \$20.00 Filing Fee & Certified Copy  \$20.00 Filing Fee & 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. Southeastern Management Company Inc. - not available (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") SEMC of Florida, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 3. \_\_\_\_\_(FEI number, if applicable) 5. <u>Perpetual</u>
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2508 Highway 72, Glen, MS 38846 2508 Highway 12 Glen MS 38846 8. Managing all types of real estate.

(Purposes) of organization 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: Office Address: 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: Michael Doran	
Address: 2508 Highway 72	
Address: 2508 Highway 72- Glen, MS 38846	
Vice Chairman: Vikki Barrett	
Address: 2508 Highway 72-	
Glen, MS 38846	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Michael Doran	
Address: 2508 Highway 72	
Glin, Ms 38846	
<del></del>	350 N
Vice President:	3
Address:	
Vivu: Quecall	7,17
Secretary: Vikki Barrett  Address: 2508 Highway 72, Glen, MS 3884le	
Address: 2508 Highway 10, bun, 115 38846	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
13. Muhar Dane I	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms the officer or director signing this document (and who is listed in number 12 above) affirms the officer or director or Officer.	hat the facts stated herein
are true and that he or she is aware that false information submitted in a document to the Depa	
third degree felony as provided for in s.817.155, F.S.  14. Michael Doran President	
(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 December 12, 1996, the State of Mississippi issued a Charter/Certificate of Authority to:

SOUTHEASTERN MANAGEMENT COMPANY, 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.

STATE OF MISSES

Given under my hand and seal of office July 8, 2011

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12509389-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp