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SECRETARY OF STATE

## **COVER LETTER**

FO: New Filing Section Division of Corporations
SUBJECT: RESIDUE GROUP CO., 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:
A.J. Reed
Name of Person
Spragins, Barnett & Cobb, PLC
Firm/Company
312 E. Lafayette, Street
Address
Jackson, Tennessee
City/State and Zip code
ajreed@spraginslaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A I Dood 721 424 0464
A.J. Reed  at (731 ) 424-0461  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Pelephone 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 \$\ \text{Certificate of Status}\$ \$78.75 Filing Fee & \text{Certified Copy}\$ \$87.50 Filing Fee, \text{Certificate of Status & 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.

<ol> <li>RESIDUE GF</li> </ol>			
	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
<u> </u>			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
2. Tennessee	3.		
	under the law of which it is incorporated)	(FEI number, if applicable)	
4. May 12, 201	11 5	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon regist	ration		
o. Opon rogice	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)	
7. 480 Public	Wells Road, Martin, TN 38237		
	(Principal office addr	ress)	
PO Box 78	34 Port Washington, New Yo	rk 11050	
	(Current mailing addr	ress)	
8. Any lawful			
(Purpose(s	s) of corporation authorized in home state or co	untry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.O	D. Box NOT acceptable)	
	Vannath Liablain		T) *
Name:	Kenneth Lieblein	<del></del>	
Office Address:	3589 NW 61st Circle		644
	Boca Raton	. Box NOT acceptable)  , Florida 33496 (Zip code)	
	(City)	(Zip code)	
	gent's acceptance:	ce of process for the above stated corporation at the pla	
		ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity	
		elative to the proper and complete performance of my de	
and I am familiar	with and accept the obligations of my pos	sition as registered agent.	
	(		
	Tune / V		
_	(Registered agent's signature)	·	
	(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: FILED A. DIRECTORS 12 MAR 30 PM 1: 16 Chairman: SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_ **B. OFFICERS** President: Kenneth Lieblein Address: P.O. Box 784 Port Washington, NY 11050 Vice President: Address: Secretary: Kenneth Lieblein Address: P.O. Box 784 Port Washington, NY 11050 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Kenneth Lieblein, President, Residue Group Co., Inc.

(Typed or printed name and capacity of person signing application)



## FILED

## STATE OF TENNESSEE Tre Hargett, Secretary of State

12 MAR 30 PM 1: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

**Division of Business Services** William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

A.J. REED

312 EAST LAFAYETTE STREET JACKSON, TN 38302

March 23, 2012

Request #:

Request Type: Certificate of Existence/Authorization

0062056

Issuance Date: 03/23/2012

Copies Requested:

**Document Receipt** 

Receipt #: 685428

Filing Fee:

\$22.25

Payment-Credit Card - TennesseeAnytime Online Payment

\$22.25

Regarding:

Residue Group Co., Inc

Filing Type:

Corporation For-Profit - Domestic

Formation/Qualification Date: 05/12/2011

Status:

Active

Duration Term: Perpetual

Control #:

658169

Date Formed:

05/12/2011

Formation Locale: WEAKLEY COUNTY

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### Residue Group Co., Inc

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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