

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
FAITH FORESTRY SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED

13 OCT -7 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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October 4, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: FAITH FORESTRY SERVICES, INC.  
REF: W13000055354

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000219896  
Letter Number: 213A00023369

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Faith Forestry Services, 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:

Shonna Keel

Name of Person

NRAI Corporate Services, Inc.

Firm/Company

101 W Vandalia St., Ste 245

Address

Edwardsville, IL 62025

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

nt ( )

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 & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2013 OCT -3 AM 11:01

**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. Faith Forestry Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")
2. Mississippi  
(State or country under the law of which it is incorporated)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 02/10/2012  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 201 Galyean Road Corinth, MS 38834  
(Principal office address)  
PO Box 1259, Corinth, MS 38835  
(Current mailing address)
8. Forestry Services  
(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: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (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.*  
By: Sean Emerick Asst. Secretary  
(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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 OCT -3 AM 11:01

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

A. DIRECTORS

Director ~~Chairman~~ Dale Northrop  
Address: 341 CR 306  
Corinth, MS 38834

Vice Chairman:  
Address:

Director: Shauna Northrop  
Address: 341 CR 306  
Corinth, MS 38834

Director:  
Address:

B. OFFICERS

President: Dale Northrop  
Address: 341 CR 306  
Corinth, MS 38834

Vice President:  
Address:

Secretary: Shauna Northrop  
Address: 341 CR 306 Corinth, MS 38834

Treasurer:  
Address:

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

13. Shauna Northrop  
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. Shauna Northrop, Secretary  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 OCT - 3 AM 11:01

**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 February 10, 2012, the State of Mississippi issued a Charter/Certificate of Authority to:

**FAITH FORESTRY SERVICES, 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  
October 2, 2013

*C. Delbert Hosemann, Jr.*

C. Delbert Hosemann, Jr.  
Secretary of State