# F1400000218

(Request	or's Name)	
(Address)		
(Address)		
(City/Stat	e/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
· -		<del></del>
		·····
Special Instructions to Filing	Officer:	

Office Use Only



100251406161

01/22/14--01009--011 \*\*52.50



### **COVER LETTER**

O: New Filing Section Division of Corporations
UBJECT: Hayman Engineering, Inc
Name of corporation - must include suffix
ear Sir or Madam:
ne 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 bove referenced foreign corporation to transact business in Florida.  ease return all correspondence concerning this matter to the following:
Del Hayman
Name of Person
layman Engineering, Inc
Firm/Company
517 Park Ave
Address
Columbia, MS 39429
City/State and Zip code
hayman@haymanengineering.com 🗸
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Del Hayman at (601 ) 633-0196
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
aclosed is a check for the following amount:
\$70.00 Filing Fee

### 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.

(If name unavails	•	ne adopted for the purpose of transacting business in Florida)	-
2. Mississip	pi	<sub>3.</sub> 27-2752087	_
,	under the law of which it is incorporated)	(FEI number, if applicable)	_
<sub>4.</sub> <u>5/18/201</u>	<u>.</u> 0	Perpetual	_
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6			<u>.</u>
	•	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
<sub>7.</sub> 617 Park	Ave., Columbia, MS 394	.29	
	(Principal office ad		•
617 Park	Ave., Columbia, MS 3942	9	_
	(Current mailing ac	ddress)	-
Engineer	ina		
o, — —	<u> </u>	country to be carried out in state of Florida)	<b>-</b>
	address of Florida registered agent: (I		
Name:	NRAI Services, Inc.		- <u>-</u> -
	515 East Park Avenue		
Office Address:			
Office Address:	Tallahassee	, Florida 32301	F
Office Address:	Tallahassee (City)	, Florida 32301 (Zip code)	F [
10. Registered a Having been nam designated in this further agree to c	(City) gent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoin	rvice of process for the above stated corporation at flie atment as registered agent and agree to act in this capi as relative to the proper and complete performance of n	acity CF

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: Susan Hayman Address: 617 Park Ave. Columbia, MS 39429 Vice Chairman: Del Hayman Address: 617 Park Ave. Columbia, MS 39429 Director: Joel Chamberlain 205 Park Central East, Suite 412, Springfield, MO 65806 Scott Murphree-Roberts 205 Park Central East, Suite 412, Springfield, MO 65806 **B. OFFICERS** President: Del Hayman Address: 617 Park Ave. Columbia, MS 39429 Vice President: Joel Chamberlain Address: 205 Park Central East, Suite 412, Springfield, MO 65806 Secretary: Tiffany Brors Address: 617 Park Ave. Columbia, MS 39429 Treasurer: Del Hayman 617 Park Ave. Columbia, MS 39429 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. Del Hayman President

## 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 May 18, 2010, the State of Mississippi issued a Charter/Certificate of Authority to:

HAYMAN ENGINEERING. 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 January 7, 2014

Hosemerm, de

C. Delbert Hosemann, Jr. Secretary of State

