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		COVE	R LETTER	
TO:	New Filing Sec Division of Co			
SUBJ	ECT: <u>Dale</u>	Stockstill and Name of corpora	Associates, P. Associates, P. Associates	<del>}-</del>
Dear S	ir or Madaun:			
"Certif	icate of Existent	tion by Foreign Corporation re," or "Certificate of Good gn corporation to transact b	Standing" and check are sul	
Please	return all corres	pondence concerning this m	atter to the following:	
Bil	ly Alan (	Chavers		
<del></del>	···	Name	e of Person	
Dal	e Stockst	ill and Associa	tes, P.A.	
	,		Company	
P.	O. Box 84	9	•	
	<u></u>	A	ddress	
McN	eill, MS	39457		
<del>-</del> ~	<del></del>	City/Sta	te and Zip code	······································
bre	nda@dales	tockstill.com		
		E-mail address: (to be us	sed for future annual report	notification)
For fur	ther information	concerning this matter, plea	ase call:	
		· · · · · · · · · · · · · · · · · · ·		
Bre	nda Stock	still at(601	) 798-2326	
· · · · · · · · · · · · · · · · · · ·	Name of Perso		rea Code & Daytime Teleph	
	CTDEET/COI	mero addores.	MAILING A	DDRESS.
STREET/COURIER ADDRESS: New Filing Section			New Filing Section	
Division of Corporations			Division of Corporations	
	Clifton Buildin		P.O. Box 632	
	2661 Executive Tallahassee, FL		Tallahassee, F	1. 32314
Enclose	ed is a check for	the following amount:		
<b>C) \$</b> 70.	.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of State 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.

I. Dale Stockstill and Associates, P.A.				
I. Dale Stockstill and Associates, P.A.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."  "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	da)			
2. Mississippi 3. <u>64-0712602</u>				
2. Mississippi 3. 64-0712602 (State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. June 14, 1985  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetua	i")			
6. We have not yet transacted business in Florida				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7. 8054 Hwy 11; Carriere, MS 39426				
(Principal office address)				
P. O. Box 849; McNeill, MS 39457				
(Current mailing address)				
		0		
8 Land Surveying, Mapping, & Laser Scanning	+	Žω		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	¥	<u>\$</u>		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name: HARLAND FOGLE III  Office Address: 3476 GRAND AVE  LELAND Florida 3272 6  (City) Florida (Zip code)	4 JAN -7 PH 12: 58	RY O		
Office Address: 3476 GRAND AVE	2	POR		
37770	Ġ	ATI		
Florida SETZY	œ	SMS E		
(Chy) (Zipcode)		,-		
10. Registered agent's acceptance:				
Having been named as registered agent and to accept service of process for the above stated corporation at designated in this application, I hereby accept the appointment as registered agent and agree to act in this c	ilte pla anacit	ice v I		
further agree to comply with the provisions of all statutes relative to the proper and complete performance of		1. 2		
duties, and I am familiar with and accept the obligations of my position as registered agent.				
(Registered agent's signature)				
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this app				
the Department of State, by the Secretary of State or other official having custody of corporate records in the ju	H ISCILC	11011		

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_ Vice Chairman: Address: Director: Director: \_ Address: **B. OFFICERS** President: Billy Alan Chavers Address: \_\_132\_Mimosa\_Drive\_\_\_\_\_ Carriere, MS 39426 Vice President: Lisa D. Chavers Address: 132 Mimosa Drive MS 39426 Carriere, Secretary: Billy Alan Chavers Address: 132 Mimosa Drive Carriere, MS 39426 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.

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

14. Billy Alan Chavers, 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 June 14, 1985, the State of Mississippi issued a Charter/Certificate of Authority to:

DALE STOCKSTILL AND ASSOCIATES, P.A.

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 of has authority to transact business in Mississippi.

A PARTY OF THE PAR

Given under my hand and seal of office December 18, 2013

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 13137348-1 Page 1 of 1 Reference; Verify this certificate online at https://businass.scs.state.ms.us/eorp/soskh/verify asp