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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only				
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MAY 1 9 2015 S. GILBERT



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2015

LESLIE W. BRYAN P.O. BOX 407 SARALAND, AL 36571

SUBJECT: ASHTON AND COMPANY, INC.

Ref. Number: W15000029080

We have received your document for ASHTON AND COMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 515A00008421

15 MAY 18 AM 10: 5

COVER LETTER

TO: New Filing Section Division of Corporat	ons		
SUBJECT: Ashton a	and Company,	Inc.	
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good St	anding" and check are sub	
Please return all corresponde	nce concerning this mat	ter to the following:	
Leslie W Bryan			
		of Person	
Ashton and Com	pany, Inc.		
	Firm/Co	ompany	
P O Box 407			
Saraland, AL 36		dress	
	City/State	and Zip code	
leslie.bryan@ashto	nandco.com		
E-	mail address: (to be use	d for future annual report	notification)
For further information conce	rning this matter, please	e call:	
Leslie W Bryan	251	300-2411	
Name of Person	at (Are	a Code & Daytime Teleph	one 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 fo	llowing amount:		
	378.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, 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.

1. Ashton a	nd Company, Inc.		
	orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	N Mechanical, I		
	able in Florida, enter alternate corporate name		ess in Florida)
Mr		47-3250255	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} Feb 27, 2015		perpetual	
(Date of incorporation)		(Duration: Year corp. will cease to exist o	r "perpetual")
_{6.} n/a			
		Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. 1598 Erne	est Dr., Saraland, AL 3657	' 1	
	(Principal office addi	ress)	
P O Box 4	07; Saraland, AL 36571		£ 55 55
•	(Current mailing adde	ess)	AR AY
8. Name and stree	t address of Florida registered agent: (P.C). Box NOT acceptable)	27.72 CO 1
Name:	National Corporate Research, LTD,	Inc.	AMO.
Office Address:	155 Office Plaza Drive		5 5 8 5 6 7 6 8
	Tallahassee	, Florida 32301	· ·
	(City)	(Zip code)	
9. Registered age	nt'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.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Leslie W Bryant Address: 5565 Celeste Road Saraland, AL 36571 Vice Chairman: Address: Director: Benita S West Address: 5555 Celeste Road Saraland, AL 36571 Director: ___ Address: B. OFFICERS President: Scottie D McClure Address: 146 Susie Rd Ludedale, MS 39452 Vice President: Address: Secretary: Benita S West Address: 5555 Celeste Road; Saraland, AL 36571 Treasurer: Benita S West Address: 5555 Celeste Road; Saraland, AL 36571 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. 13. Chairman

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

John H. Merrill Secretary of State

P.O. Box 5616 Montgomerý, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Ashton and Company, INC. was formed in Mobile County, Alabama on February 27, 2015. The Alabama Entity Identification number for this entity is 330-460. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20150406000006192

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/6/2015

Date

X.W. Menill

John H. Merrill

Secretary of State

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

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4/6/2015

Date

X. M. Menill

John H. Merrill

Secretary of State