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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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SECKET ARY OF STATE

HOV 18 2015 D. BRUCE

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Moore Equipment Sales, Inc. Name of corporation - must include suffix
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:
Suzanne Roland
Name of Person
Moore Equipment Sales, Inc Firm/Company
5869 Red Bud RD NE LES T
Ranger, GA 30/34-9615 City/State and Zip code
E-mail address: To be used for future annual report notification:
For further information concerning this matter, please call:
Suzanne Roland at (706) 629-9958  Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$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. Moore	Equipment Sales, propration; must include "INCORPORATED,"	Tnc.		
(Enter name of co	rporation; must include "INCORPORATED,"	"COMPANY," "CORPORATIO	ON,"	
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
Moore	Equipment Sales.  ble in Plorida, enter alternate corporate name ac	-Florida		
(If name unavaila	ble in Plorida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florie	da)
2. Geor	-a ia 3	76-0711134		
(State or country	3	(FEI number, if a	applicable)	
4. 7/2	1/2003			
(Date	of incorporation) 5.	(Date of duration, if other	er than perpetual)	
6. <u>/2//</u>	1,5			
o	(Date first transacted business in	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty liab		
7. <u>5867</u>	Red Bud Rd NE (Principa	Ranger, GA	30734	
	(Principa	d office address)	,	
			TAI S	
	(Current mailing	g address, if different)	5.5	***************************************
			E E	1 <u>1</u>
8. Name and stree	t address of Florida registered agent: (P.O.	. Box NOT acceptable)	S 2 -	1
Name:	Darlene TAnner  12209 Hutchisor  Anama City  (City)  nt's acceptance: ed as registered agent and to accept service application. I hereby accept the appointm	_	2015 NOV IT P 12: SECRETARY OF STA ALLAHASSEE, FLOR	
Name:			0   S   O	O
Office Address:	12209 Hutchison	1.Blvd.		
	Anama Gity	Florida - 32407-	3424	
	(City)	(Zip code)	- , - , ,	
9. Registered age	nt's acceptance: ed as registered agent and to accept servic	e of process for the above sta	ted cornoration at	the place
designated in this				capacity. I
	omply with the provisions of all statutes re			of my
auties, and I am fo	umiliar with and accept the obligations of	my position as registered age	nt.	
	$\sim$			
	1 h. a To			
	(Registered as	gent's signature)		
	/B			

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: Vice Chairman: \_\_\_ Address: Director: \_ Address: \_ Director: \_ **B. OFFICERS** Vice President: U Secretary: Address: 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 11 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)

Control Number: 0234200

#### STATE OF GEORGIA

#### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### MOORE EQUIPMENT SALES, INC

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed

: 12213214 : 07/02/2002

Jurisdiction Print Date

Georgia :11/13/2015

Form Number

:211



Brian P. Kemp

Secretary of State