

F15000005254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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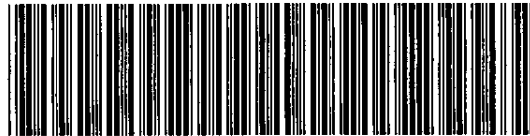
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Causseaux
Dec 1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TN-FL 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:

NANCY L. MCCARREN
Name of Person
TN-FL INC
Firm/Company
5311 BIRCH DR
Address
FORT PIERCE FL 34982
City/State and Zip code
TN-FL FIRESAFETY D GMA, C. CORP.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas McCARREN at (772) 971-7865
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 ☐ \$78.75 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. TN-FL INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TN. FL. Fire Safety Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE 3. 47-5570963
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-12-2015 5. _____
(Date of incorporation) (Date of duration, if other than 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. 287 S. OLD MAIL RD CROSSVILLE, TN. 38572
(Principal office address)

5311 BIRCH DR FORT PIERCE, FL. 34982
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NANCY L. MCCARREN

Office Address: 5311 BIRCH DR

FORT PIERCE, Florida 34982
(City) (Zip code)

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9. 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.

Nancy L. McCarrén
(Registered agent's signature)

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NANCY L. MCCARREN

Address: 287 S. OLD MAIL RD

CROSSVILLE, TN 38572

Vice President: _____

Address: _____

Secretary: NANCY L. MCCARREN

Address: 287 S. OLD MAIL RD CROSSVILLE, TN 38572

Treasurer: _____

Address: _____

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

12. Nancy L. McCarran

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.

13. NANCY L. MCCARRAN, PRESIDENT

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

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

NANCY L MCCARREN
NANCY
5311 BIRCH DR
FORT PIERCE, FL 34982

November 19, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0185553

Issuance Date: 11/19/2015
Copies Requested: 1

Document Receipt

Receipt # : 002316524

Filing Fee: \$22.25
\$22.25

Payment-Credit Card - State Payment Center - CC #: 165949698

Regarding: TN - FL INC

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 11/12/2015

Status: Active

Duration Term: Perpetual

Business County: CUMBERLAND COUNTY

Control # : 821478

Date Formed: 11/13/2015

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

TN - FL INC

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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