# F/6000000323

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(1)0	ocument Number)			
(50	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800281059248

01/19/16--01038--026 \*\*78.75

2016 JAN 19 PH 3: 47
SECKLIARY OF STATE

K.SALY EXAMINER JAN 22

### **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJ.	Palmetto Rock Services, Inc	<b>.</b>		
ооро.		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Cicate of Existence," or "Certificate of Existence," or "Certificate foreign corporation to	e of Good Star	iding" and check are sub	
	rcturn all correspondence concen Brown	ning this matter	to the following:	
		Name of	Person	
Palmet	to Rock Services, Inc.			
P. O. B	ox 3273	Firm/Con	pany	
		Addr	ess	
Spartan	iburg, SC 29304			
		•	nd Zip code	
rbrown	@morgan-corp.com; djasko@morga	•		
	E-mail addres	ss: (to be used .	for future annual report i	notification)
For fur	ther information concerning this	matter, please o	call:	
Rita D.	Brown	864 at (	433-0909	
	Name of Person	Area Cod	e Daytime Telep	hone Number
	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclose	ed is a check for the following an	iount:		
□ \$70	.00 Filing Fee S78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

#### 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.

Palmetto Rock S	ervices, Inc.		
(Enter name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavails	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)
South Carolina 2.	5	7-0953787	
(State or country	y under the law of which it is incorporated)	(FEI number, if applie	
(Date	of incorporation) 5	(Date of duration, if other tha	ın perpetual)
6.			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 treet, Duncan, SC 29334	florida, if prior to registration)  2, F.S., to determine penalty liability)	
7		office address)	
P. O. Box 3273,	Spartanburg, SC 29304	omeo addioso,	
	(Current mailing	address, if different)	10 To
8. Name and stree	et address of Florida registered agent: (P.O. CT Corporation System	Box NOT acceptable)	PH 3: 47
Office Address:	1200 S. Pine Island Road		<b>三</b>
	Plantation	33324 , Florida	
	(City)	(Zip code)	

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.

Assistant Secretary
(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. Nan	nes and business addresses of officers and/or directors:	FILED
A. DIR	ECTORS	2016 11
Chairman	K	2016 JAN 19 PM 3:47
		CALLAHASSEE, FLORIDA
		MOSEE, FLORING
Vice Cha	irman:	
Address:	· · · · · · · · · · · · · · · · · · ·	
	Timothy C. Halligan	
Director:	-	
Address:	P. O. Box 3273	
	Spartanburg, SC 29304	
Director:	Rita D. Brown	
Address:	P.O. Box 3273	
	Spartanburg, SC 29304	
B. OFF		
President	Timothy C. Halligan	
	P. O. Box 3273	
Address.	Spartanburg, SC 29304	
Vice Pres	ident:	
Secretary	Rita D. Brown	
Address:	P. O. Box 3273, Spartanburg, SC 29304	
Treasurer	Rita D. Brown	
Address:	P. O. Box 3273, Spartanburg, SC 29304	
	If necessary, you may/attach an addendum to the application listing	andditional officers and/or directors
12.	the first in the approximation in the approximation institution of the approximation in the a	g additional officers and of directors.
12	Signature of Director or Officer	
	per or director signing this document (and who is listed in number 1 and that he or she is aware that false information submitted in a doc	
a third de	egree felony as provided for in s.817.155, F.S.	rament to the Department of State constitutes
13	othy C. Halligan , President	
	(Typed or printed name and capacity of person sign	ing application)

## The State of South Carolina



Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### PALMETTO ROCK SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on May 5th, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 14th day of January, 2016

Mark Hammond, Secretary of State