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FEB O 9 2016 J. HARRIS

## **COVER LETTER**

Division of Corporations
SUBJECT: Connercial Mellwork Specialist, Orc.  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:
Terri Houd
Name of Person
Connection Millowork Space Dist von
Firm/Company
1512B 28th St.
Address
GUDGODA TON 29901
City/State and Zip code
terri @comillegec.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terri Hard =1(228) 868-3888
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy 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. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Florida (City) 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. Corporation Service Company

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:	
	PND
B. OFFICERS	
President: Trey Pennell	1 Donases
Address: 1518B 284h St.	(2017) <b>(2017)</b> (2017) (2017)
Gulfaort Ms 39501	
Vice President:	55 55
Address:	
Secretary: Renee Pennell	
Address: 1518B 284hSt Gulfort M6 39501	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors
	b und, or uncolors.
Signature of Director or Officer  The officer on director or director or director or Officer	hat the facts stated housin
The officer or director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Department of the Depa	
a third degree felony as provided for in s.817.155, F.S.	
13. Trey Pennel Typed or printed name and capacity of person signing application)	



#### DELBERT HOSEMANN Secretary of State

## Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 11th day of October, 1999, the State of Mississippi issued a Charter/Certificate of Authority to

#### COMMERCIAL MILWORK SPECIALIST, INC.

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 or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said COMMERCIAL MILWORK SPECIALIST, INC. is in good standing at this time.

Given under my hand and seal of office the 2nd day of February, 2016

C. Delbert Hosemann, Jr. Secretary of State

Secretary of Sta

Certificate Number: CN16019371

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx