FLOODODORIAS

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

Office Use Only



600285539276

05/09/16--01035--024 **70.00

2016 NAY -9 A 10: 41
SECRETARY OF STATE

HAY 10 2016 O. BRUCE

	COVER	LETT	ER	٠		
TO Post visites front						
TO: Registration Section Division of Corpor						
Phillips & As	sociates, Inc					
SUBJECT:	Name of corpora	tion - mu	st include suffix			_
Dear Sir or Madam:						
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good !	Standing'	and check are sul			
Please return all correspond Bruce Grant	lence concerning this ma	atter to th	e following:			
	Name	of Perso	n			_
Phillips & Associates, Inc.						
· · .	: Firm/C	Company				_
PO Box 1123						
	A	ddress				_
Toccoa, GA 30577					2016	سؤسس
	City/Sta	te and Zi	code	28	YEM	الم
bruce.grant@jrphillips.com	C '1 - dd	1 C - C		\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac		_ []
i	E-mail address: (to be us	ed for fu	ure annual report	nouncation)	· D	1,1
For further information cor	cerning this matter, plea	ise call:		17 C	d H	· ·
Bruce Grant	706	88	36-9922		1 11	
Name of Person	at (Area (Code	Daytime Telep	phone Number		
STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Centallahassee, FL 32 Enclosed is a check for the	n ations nter Circle 2301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27		
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	\$87.50 Fil Certificate Certified	e of Status	s &

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.

Phillips & Associ	ciates, Inc.					
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY,	" "CORPORATIO	DN,"		
Phillips & Assoc	ciates, Inc. of Georgia					
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the	purpose of transact	ting business in Florida)		
Georgia 2.	3.	58-2413236 3.				
8/11/1998	y under the law of which it is incorporated)		(FEI number, if applicable)			
4(Date	of incorporation) 5.	(Date	of duration if oth	er than nernetual)		
NA 6.	or meorporation)	(Date	or duration, it other	er man perpetuar)		
2009 Pitch Way K 7.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Lissimmee, FL 34746	Torida, if prior 2, F.S., to dete	r to registration) ermine penalty liab	ility)		
	(Principal	office address	s)			
PO Box 1123 Too	ecoa, GA 30577			= ~=		
· · · · · · · · · · · · · · · · · · ·	(Current mailing	address, if dif	ferent)	ALCOR MAY		
8. Name and stree	t address of Florida registered agent: (P.O.	Box <u>NOT</u> a	cceptable)	Y-9		
Name:						
Office Address:	3030 N. Rocky Point Drive, STE 15	<u>0A</u>		SIVIE O HI		
	TAMPA	, Florida	33607	Sh. E		
	(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.

Tom Glover/Manager/Northwest Registered Agent LLC

(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 John R. Phillips Chairman: PO Box 1123 Address: _ Toccoa, GA 30577 Vice Chairman: Address: __ Address: **B. OFFICERS** Murray J Kogod President: PO Box 1123 Address: Toccoa, GA 30577 Vice President: Address: ___ 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, F.S. 13. __ John R. Phillips CEO/Director

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

Control Number: K829982

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

PHILLIPS & ASSOCIATES, 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.

James (10 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 Jurisdiction

Print Date Form Number : 08/11/1998 : Georgia

: 04/15/2016



Secretary of State