

FILED 000003018

(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:

W1645717

Office Use Only



800286939378

06/27/16--01042--009 **70.00

FILED
2016 JUL -6 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 07 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

WALTER H. MCDANIEL
P.O. BOX 15
WAYCROSS, GA 31502

SUBJECT: OKEFENOKEE BOTANICALS INCORPORATED
Ref. Number: W16000045717

We have received your document for OKEFENOKEE BOTANICALS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00013607

2016 JUL -6 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Okefenokee Botanicals Incorporated

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:

Walter H McDaniel

Name of Person

Okefenokee Botanicals Incorporated

Firm/Company

P.O. Box 15

Address

Waycross, Georgia 31502

City/State and Zip code

Okebot@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry G Taylor

912

2838889

at ()

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

FILED
2015 JUL -6 A 10:50
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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.

Okfenokee Botanicals Incorporated

1. _____
(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)

2. Georgia 3. 58-1770631
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 1, 1988 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. 2036 Swamp Road, Waycross, GA 31503
(Principal office address)
- PO Box 15, Waycross, GA 31502
(Current mailing address, if different)

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

Name: William Thomas Myles
Office Address: 3245 S Atlantic Ave Apt 903
Daytona Beach Shores, Florida 32118
(City) (Zip code)

FILED
2016 JUL -6 A 10:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.


(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. DIRECTORSChairman: Walter H McDanielAddress: P.O. Box 15Waycross, Georgia 31502

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Walter H McDanielAddress: P.O. Box 15Waycross, Georgia 31502

Vice President: _____

Address: _____

Secretary: Walter H McDanielAddress: P.O. Box 15 Waycross Georgia 31502Treasurer: Walter H McDanielAddress: P.O. Box 15 Waycross, Georgia 31502

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

12. Walter H. McDaniel

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. Walter H. McDaniel

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

FILED
2016 JUL -6 A 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

OKEFENOKEE BOTANICALS, 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	: 13213972
Date Inc/Auth/Filed	: 01/13/1988
Jurisdiction	: Georgia
Print Date	: 06/25/2016
Form Number	: 211



B. P. Kemp

Brian P. Kemp
Secretary of State