F1600003263

(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



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07/05/16--01014--003 **78.75

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SECRETARY OF

7/22/1695



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2016

JAMES W.B. EVANS P.O. BOX 10627 PENSACOLA, FL. 32524

SUBJECT: ELBE-MACLEOD, INC. Ref. Number: W16000047208



We have received your document for ELBE-MACLEOD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A0001415

16 JUL 22 PH 4: 16

COVER LETTER

The state of the s

TO: Registration Section Division of Corpora		_		
SUBJECT: Eh.	BE-MACH	EOD, INC	1	
	Name of corporatio	n - must include suffix		
Dear Sir or Madam:	,			
The enclosed "Application of "Certificate of Existence," of above referenced foreign co	r "Certificate of Good Sta	nding" and check are sul		
Please return all correspond JAMES W.B. EVANS	ence concerning this matte	er to the following:	, ar s e .	
	Name of	f Person		
ELBE - MacLEOD, INC.			AS a	
P. O. BOX 10627	Firm/Co	mpany	FIL JUL 2 CRETAU LANAS	
	Add	ress	2 E	
PENSACOLA, FL 32524	. "	the second second		
	City/State	and Zip code		
jwbevans@gmail.com		•	<u> </u>	
	-mail address: (to be used	I for future annual report	notification)	
For further information con-	cerning this matter, please	call:		
JAMES W.B. EVANS	850 at (466-5949		
Name of Person	Area Co	de Daytime Telep	hone 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	ollowing amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S-\$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.

ELBE - I	MacLEOD, INC.				
(Enter na	ne of corporation; must include "INCC o.," "Corp," "Inc," "Co," or "Corp.")	RPORATED," "C	OMPANY," "CORPORATION,"		
(If name	mavailable in Florida, enter alternate co	orporate name adop	ted for the purpose of transacting b	usiness in Florida)	
TENNES	•	•	1308269	,	
2. (State or country under the law of which it is incorporated MARCH 2, 1987			(FEI number, if appli	cable)	
4	(Date of incorporation)	5	(Date of duration, if other tha		
NONE	(Date of incorporation)		(Date of duration, if other tha	n perpetual)	
6. NONE					
			rida, if prior to registration) F.S., to determine penalty liability))	
	OGE CREEK TERR., PENSACOLA, I	FL 32506		ZSE SE	
(Principal office address) P. O. BOX 10627, PENSACOLA, FL 32524				LATA JUL	<u> </u>
		(Current mailing ad	dress, if different)	RY OF S	T E O
8. Name an	d street address of Florida registere	ed agent: (P.O. Be	ox NOT acceptable)	95 5	
Na	me: JAMES W.B. EVANS		-	# · · · · · · · · · · · · · · · · · · ·	
Office Add	1309 BRIDGE CREEK TER	.R.	_		
	PENSACOLA		32506 , 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.

(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 JAMES W.B. EVANS Chairman: P. O. BOX 10627 Address: PENSACOLA, FL 32524 Vice Chairman: CHRISTY L. EVANS Director: 1309 BRIDGE CREEK TERR. Address: PENSACOLA, FL 32506 Director: **B. OFFICERS** JAMES W.B. EVANS President: P. O. BOX 10627 Address: PENSACOLA, FL 32524 Vice President: Address: CHRISTY L. EVANS Secretary: 1309 BRIDGE CREEK TERR., PENSACOLA, FL 32506 Address: Treasurer: NOTE: If necessary, you may attach an addendant 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

JAMES W.B. EVANS, PRESIDENT

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes



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

ELBE - MACLEOD, INC.

JIM EVANS

P. O. BOX 10627

PENSACOLA, FL 32524

Request Type: Certificate of Existence/Authorization

Request #:

0208680

Issuance Date: 07/19/2016

Copies Requested:

Document Receipt

Receipt #: 002803622

Payment-Credit Card - State Payment Center - CC #: 3678804522

Filing Fee:

\$20.00

July 19, 2016

\$20.00

Regarding:

ELBE-MACLEOD, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 03/02/1987

Status:

Duration Term:

Active Perpetual

Business County: TIPTON COUNTY

Control #:

185429

Date Formed:

03/02/1987

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 T the issuance date noted above

ELBE-MACLEOD, 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 filed the most recent annual report required with this office;
- * 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.

Secretary of State

Processed By: Cert Web User

Verification #: 018235321