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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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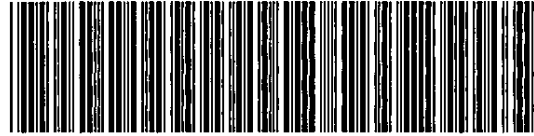
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINE BELT PROCESSING, INC.

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:

DEBRA SAXON

Name of Person

PINE BELT PROCESSING, INC.

Firm/Company

P.O. BOX 557

Address

TAYLORSVILLE, MS 39168

City/State and Zip code

DebraS@warmkraft.com

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

For further information concerning this matter, please call:

Debra Saxon

at ( 601 ) 785-4476

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

**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.*

PINE BELT PROCESSING, INC.

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. MISSISSIPPI 3. 20-3332296  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/4/05 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 7/12/16  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 113 FELLOWSHIP RD, TAYLORSVILLE, MS 39168  
(Principal office address)

P.O. BOX 557, TAYLORSVILLE, MS 39168

(Current mailing address, if different)

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

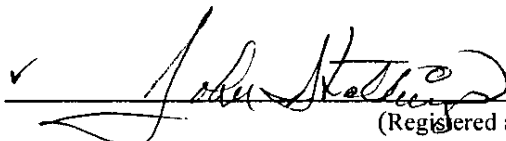
Name: JOHN STALLINGS  
Office Address: 2501 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, Florida 39252  
(City) (Zip code)

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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**

Chairman: DONALD C. SAXON  
Address: P.O. BOX 557  
TAYLORSVILLE, MS 39168

Vice Chairman: ROGER D. LACK  
Address: P.O. BOX 557  
TAYLORSVILLE, MS 39168

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: DONALD C. SAXON  
Address: P.O. BOX 557  
TAYLORSVILLE, MS 39168

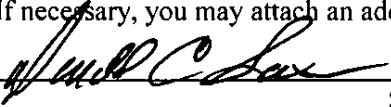
Vice President: ROGER D. LACK  
Address: P.O. BOX 557  
TAYLORSVILLE, MS 39168

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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TAYLORSVILLE, FLORIDA

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

12. ✓  \_\_\_\_\_  
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. DONALD C. SAXON, PRESIDENT  
(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 4th day of March, 2005, the State of Mississippi issued a Charter/ Certificate of Authority to

**PINE BELT PROCESSING, 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 Pine Belt Processing, Inc. is in good standing at this time.

Given under my hand and seal of office  
the 12th day of July, 2016

A handwritten signature in black ink that reads "C. Delbert Hosemann, Jr." The signature is written in a cursive style.

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN16025600

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