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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

SECRETARY OF STATE

12/19/16--01045--014 **70.00

D. SCOTT DEC 2.1 201:

COVER LETTER

TO: Registration Section Division of Corporation					
John Bailey C SUBJECT:					
SUBJECT:	Name of corporat	ion - must i	nclude suffix		
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence," above referenced foreign conclusion of Please return all corresponding Kimberly Snavely	or "Certificate of Good S orporation to transact bus	Standing" ar siness in Flo	nd check are sub orida.		
	Name	of Person		1997	20
KnK Compliance Services, L	LC			m En	强、
210 S 3rd St	Firm/C	Company		1080 1080 1080 1080 1080 1080 1080 1080	25
	Ac	ddress			
Dickson, TN 37055					
kimberly@knkcompliance.co	· ·	te and Zip c	ode		
	E-mail address: (to be us	ed for futur	e annual report i	notification)	
For further information cor	cerning this matter, plea	se call:			
Kimberly Snavely	615	375-	7419		
Name of Person	at (Area (Code	Daytime Telep	hone Number	
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle 2301		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	Section orporations 7	
Enclosed is a check for the	following amount:				
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	□ \$87.50 Filing Certificate of Certified Cor	Status &

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.

1		npany, Inc. orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
		orp," "Inc," "Co," or "Corp.")	,		
(If nam		ble in Florida, enter alternate corporate name ad	onted for the number of transporting hus	inage in Florida	
Tenne 2.		•	2-0442153	mess m Piorida)	
(State	e or country /1946	v under the law of which it is incorporated) 5.	(FEI number, if applicat	ole)	
··	(Date	of incorporation)	(Date of duration, if other than	perpetual)	
6	, -,,-				
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
7. 1011 N		way Street Knoxville, TN 37917			
·			office address)	1	
			d to the second		
		(Current mailing	address, if different)		
8. Name	and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	86. 86. 86.	[[
	Name:	Business Filings Incorporated		78 2	_
Office A		1200 South Pine Island Road		t: 52 ATE RIDA	
		Plantation	33324 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.

Mary Jo Spalinger, Asst-Sec, For Business filings (Registered agent's signature) Incorporated

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:

airman:	1011 North Broadway Street	
dress: _ I	Knoxville, TN 37917	
- ce Chair	Brandon Clarke	
	1011 North Broadway Street	
dress: _ F	Knoxville, TN 37917	
-		
uiess: _		
antor:		
	· · · · · · · · · · · · · · · · · · ·	
uress: _		ASS 5
OFFI	CERS	R FI
sident:	Brandon Clarke	SSR 50 F
dress:	1011 North Broadway Street	
	Knoxville, TN 37917	ORDER 52
ce Presi	John Clarke dent:	× %
dress:	1011 North Broadway Street	
	Knoxville, TN 37917	
cretary:	Lissa Clarke	
	1011 North Broadway Street Knoxville, TN 37917	
asurer:	Lauren Clarke	
ldress:	1011 North Broadway Street Knoxville, TN 37917	
OTE <u>:</u> _	If necessary, you may attach as addendum to the application listing additiona	al officers and/or directors.
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to the state of	



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

KNK COMPLIANCE SERVICES

ATTN: KIMBERLY SNAVELY

210 S 3RD ST

DICKSON, TN 37055-4509

Request Type: Certificate of Existence/Authorization

Request #:

0220279

Issuance Date: 11/15/2016

Copies Requested:

November 15, 2016

Document Receipt

Receipt #: 002967137

Filing Fee:

\$100.00

Payment-Check/MO - KNK COMPLIANCE SERVICES, DICKSON, TN

\$100.00

Regarding:

JOHN BAILEY COMPANY

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 10/09/1946

Status:

Active

Duration Term: Perpetual

Business County: KNOX COUNTY

Control #:

2567

Date Formed:

10/09/1946

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 the issuance date noted above

JOHN BAILEY COMPANY

- * 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

Verification #: 019925528

Processed By: Sheila Keeling

Phone (615) 741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/