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PICK-UP WAIT M	AIL						
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SECRETARY OF STATE

**S Warren** DEC 2 3 2016

# **COVER LETTER**

TO:	Registration Se				
	Division of Cor	•			
CUDI		c Pastures, Inc			
SUBJ	IECT:	Name of co	orporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc		Good Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please Jean T	•	ondence concerning	this matter	to the following:	
		· · · · · ·	Name of I	erson error	
White	Oak Pastures, Inc				
	<del>"-</del> -		Firm/Comp	nany	
111 S.	Broad St, PO Box	98			
			Addre	SS	
Bluffte	on, GA 39824				
<del></del>		С	ity/State ar	d Zip code	
jean.tu	rn@whiteoakpastu	res.com			
		E-mail address: (to	o be used f	or future annual report	notification)
For fu	rther information	concerning this matte	er, please c	all:	
Jean Turn			229	641-2081 ext 5203	
			<u> </u>	_)	
	Name of Perso	n	Area Code	Daytime Telep	onone Number
	STDEET/COL	DIED ANNDESS		MAILING A	nndree.
STREET/COURIER ADDRESS: Registration Section				MAILING ADDRESS: Registration Section	
Division of Corporations		porations		Division of Corporations	
Clifton Building 2661 Executive Center Circle				P.O. Box 6327	
	Tallahassee, FL			Tallahassec, I	L 32314
Enclo	sed is a check for	the following amoun	t:		
<b>□</b> \$7	0.00 Filing Fee	<b>X</b> \$78.75 Filing Fa	∽ዮ& □	\$78.75 Filing Fee &	☐ \$87.50 Filing Fce,
/ ښو	5.56 i milg i <b>66</b>	\$78.75 Filing For Certificate of S	tatus	Certified Copy	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. White Oak Pastures, Inc. İ. (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) 20-1193550 Georgia 2. (FBI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 111 S. Broad St., Bluffton, GA 39824 (Principal office address) PO Box 98, Bluffton, GA 39824 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Bullarpola Louis E. Harper III. Name: 25 W. Cedar St., Suite 525 Office Address: Pensacola . Florida 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.

n E. Yever at (Lonis F. Harper III)
(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 Will Harris Chairman: PO Box 98 Address: Bluffton, GA 39824 Vice Chairman: \_\_\_\_\_ Address: Director: \_ **B. OFFICERS** Will Harris President: PO Box 98 Address: Bluffton, GA 39824 Vice President: Jenni Harris Secretary: PO Box 98, Bluffton, GA 39824 Address: \_ Jean Turn Treasurer: PO Box 98, Bluffton, GA 39824 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.817.155, F.S. Jean Turn, Treasurer 13. \_\_\_\_

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

Control Number: 0430661

# 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

### WHITE OAK PASTURES, 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
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

:13757583 :05/10/2004 :Georgia :12/20/2016



Brian P. Kemp Secretary of State