F17000002472

(Rec	juestor's Name)	
(Add	iress)	
(Ada	Iress)	
(City	/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



600299629296

06/01/17--01017--015 **70.00



JUN 0 1 2017 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ	ECT:	Footp	rintz Produc	ce, Inc.					
			Name	of corporat	ion -	must in	clude suffix		
Dear S	ir or Mada	m:							
"Certif	icate of Ex	istence,"		e of Good S	tand	ling" and	d check are sub		ess in Florida," register the
Please	return all c	correspor	dence concen	ning this ma	tter t	o the fo	llowing:		
St	nerri Stev	ens_							
_				Name	of Pe	erson			
G€	eorgia Co	rporate	Services,			_	<u> </u>		
15	59 Griffin	Street		Firm/C	omp	any			
Mo	Donoug	h, GA 3	30253		ldres	S			
m	boat@b	oatys.c		City/Stat		·			
			E-mail addres	s: (to be us	ed for	r future	annual report	notification	on)
For fur	ther inforn	nation co	ncerning this	matter, pleas	se cal	11;			
Sh	nerri Stev	ens		770		, 8	98-6230		
************	Name of	Person	<u> </u>	Area C	ode		Daytime Telep	hone Nur	mber
Enclos	Registrati Division of Clifton B 2661 Exc Tallahass	on Section of Corpouilding cutive Coe, FL 3	rations enter Circle				MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporation 7	18
	0.00 Filing		J \$78.75 Filin Certificate	ng Fee &		\$78.75 Certifie	Filing Fee & d Copy	Ce	.50 Filing Fee, rtificate of Status & rtified 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.

_	ble in Florida, enter alternate corporate name add	• •	g business in Florida)	
(State or country	y under the law of which it is incorporated)	(FEI number, if ap	plicable)	
05/05/2	017	, , , ,	•	
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6 06/01/20	117			
420 Dive	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	P. F.S., to determine penalty liabili	ty)	
7738 River	view Park Rd, Suite B, Jackson, GA	····		
	(Principal	office address)		
	(Current mailing	address, if different)		
	address of Florida registered agent: (P.O.)		ALLAHASSE	
8. Name and <u>stree</u> Name:	address of Florida registered agent: (P.O.) Jason Smith		ALLANASSEE,	
Name:	address of Florida registered agent: (P.O.)		ALLANASSEE FLOR	
	address of Florida registered agent: (P.O.) Jason Smith		ALLANGASSEE, FLORID, ALLANGASSEE, ALLANGAS	
Name:	Jason Smith 232 South Dillard St, Ste 240	Box <u>NOT</u> acceptable)	ALLANGASSEE, FLORIDA	

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. DIRECTO	ORS	
Chairman:	Michael R. Boatwright	
Address:	138 Riverview Park Rd, Suite B, Jackson, GA 30233	
Vice Chairman		
Address:		
		
Director:		
Address:	3505 Cason Road, Plant City, FL 33566	
Director:		
		1 1
, 12 di 000.		
B. OFFICER	≥SS	SE Land
President:	Michael R. Boatwright	
Address:	138 Riverview Park Rd, Suite B, Jackson, GA 30233	0 7 T
Vice President:	Stephen R. Machell	
Address:	3505 Cason Road, Plant City, FL 33566	
<u> </u>	Melinda D. Boatwright	
Secretary:	138 Riverview Park Rd, Suite B, Jackson, GA 30233	
Address:	Tee inverse and it and ite, can be by decided by decided by	
Treasurer:		
Address:		
NOTE: If ne	cessary, you may attach an addendum to the application listing additional office	ers and/or directors.
12. ///	Signature of Director or Officer	
are true and th	director signing this document (and who is listed in number 11 above) affirms at he or she is aware that false information submitted in a document to the Dep felony as provided for in s.817.155, F.S.	that the facts stated herein artment of State constitutes
13.	Michael R. Boatwright	
	(Typed or printed name and capacity of person signing application)	

Control Number: 17049821

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

Footprintz Produce, 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

: Georgia :05/23/2017

Form Number

: 05/05/2017



Brian P. Kemp Secretary of State