

F17000003808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

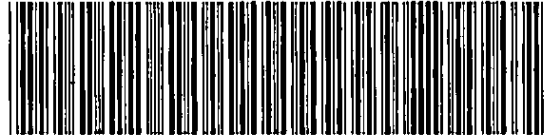
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WN-44910

Office Use Only



800302492988

08/14/17--01032--024 **70.00

FILED

2017 AUG 23 PM 2:01

CLERK OF COURT
TALLAHASSEE, FLORIDA

D BRUCE
AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

SUSAN KAY HOPKINS
96 MYRICK ROAD
THOMASVILLE, GA 31792

SUBJECT: ASKAY ENTERPRISES, INC
Ref. Number: W17000066910

FILED
2017 AUG 23 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ASKAY ENTERPRISES, INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 117A00016689

RECEIVED
2017 AUG 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Askay Enterprises, 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:

Susan Kay Hopkins

Name of Person	Firm/Company	Address	City/State and Zip code	E-mail address: (to be used for future annual report notification)
Askay Enterprises, Inc	96 Myrick Road	Thomasville, GA 31792	robert@pottymann.net	

FILED
2017 AUG 23 PM 2 01
SECRET
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
Susay Kay Hopkins	229	224-0404

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**

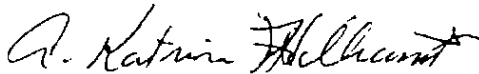
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Askay Enterprises, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Potty Man Portables
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 20-1115421
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/2/2004 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 96 Myrick Rd, Thomasville GA 31792
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: A. Katrina Williams
- Office Address: 3038 40th Ave South
- St. Petersburg, Florida 33712
(City) (Zip code)

FILED
2007 AUG 23 P 2:01
SECRETARY OF STATE
TALLAHASSEE, 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.



(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: Susan Kay Hopkins
Address: 96 Myrick Rd
Thomasville GA 31792

Vice Chairman: Robert Christopher Hopkins
Address: 96 Myrick Rd
Thomasville GA 31792

Director: Robert Alvin Hopkins
Address: 96 Myrick Rd
Thomasville GA 31792

Director: _____
Address: _____

B. OFFICERS

President: Susan Kay Hopkins
Address: 96 Myrick Rd
Thomasville GA 31792

Vice President: Robert Christopher Hopkins
Address: 96 Myrick Rd
Thomasville GA 31792

Secretary: Robert Alvin Hopkins
Address: 96 Myrick Rd Thomasville GA 31792

Treasurer: _____
Address: _____

FILED
2017 AUG 23 P 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

12. Susan Kay Hopkins
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. Susan Kay Hopkins, President and Chairman
(Typed or printed name and capacity of person signing application)

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

ASKAY ENTERPRISES, 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 : 14785413
Date Inc/Auth/Filed: 06/02/2004
Jurisdiction : Georgia
Print Date : 08/09/2017
Form Number : 211



Brian P. Kemp
Secretary of State