# F17600005300

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## COVER LETTER

TO:	Registration Section Division of Corpo					
	Division of Colpie	Zion Marine, Inc				
SUBJ	ECT:	Name of corporat	ion - r	nust include suffix		
		Name of corporat	1011 - 1	itust include suriix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	Standir	ig" and check are sub		
Please	return all correspon	dence concerning this ma	tter to	the following:		
	Joseph T	empleton				
		Name	of Per	son		
	Zion Mari	ne, Inc.				
		Firm/C	ompa	nv		
	101-A Indian C		•	•		
		Ac	ldress			
	Kingsport, TN	37660				
		City/Stat	e and	Zip code		
	jtempleton@zionr					
		E-mail address: (to be use	ed for	future annual report	notification)	
For fu	rther information co	ncerning this matter, pleas	se call	:		
Joseph	Templeton	423 at (	,	343-5312		
•	Name of Person	Area C	Code	Daytime Telep	hone 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		
Enclos	sed is a check for the	following amount:				
<b>□</b> \$7	0.00 Filing Fee 6	\$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.

Zion M	Marine, Inc.		
(Enter name of co	orporation; must include "INCORPORATED." " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
	ble in Florida, enter alternate corporate name add	pted for the purpose of transaction	ng business in Florida)
Z			
08/20/2014		·	
(Date	of incorporation) 5.	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liabil	ity)
101-A I	Indian Center Court Kingsport, TN 37660	, , , , , , , , , , , , , , , , , , , ,	-9,
· · <del>_ · · · · · · · · · · · · · · · · ·</del>	(Principal	office address)	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	(Current mailing a	ddress, if different)	NOV T
8. Name and street	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	)V 22
Name:	Russell Smith	<u> </u>	
Office Address:	2303 Hammock Pine Blvd	<del></del>	#: 5
	Clearwater	33761 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.

(Hegistered 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:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	_
Director:	
Address:	_
B. OFFICERS	_
Lori Templeton President:	
Address: 101-A Indian Center Ct	
Kingsport, TN 37660	
Vice President:	
Address:	
Joseph Templeton Secretary:	
101-A Indian Center Ct. Kingsport, TN 37660	
Treasurer:	
Address:	
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 constitute a third degree felony as provided for in s.817.155, F.S.	!S
13Joseph Templeton	_
(Typed or printed name and capacity of person signing application)	



### Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

ZION MARINE, INC.

101-A INDIAN CENTER CT KINGSPORT, TN 37660

November 10, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0256922

Issuance Date: 11/10/2017

Copies Requested:

Document Receipt

Receipt #: 003654467

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3715096045

\$20.00

Regarding:

Zion Marine, Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 08/29/2016

Status:

Active

**Duration Term:** 

Perpetual

**Business County: SULLIVAN COUNTY** 

Control #:

863950

Date Formed:

08/29/2016

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

#### Zion Marine, Inc.

- \* 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

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