F17000005466

(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:					
Vanl-85943					

Office Use Only



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10/25/17--01019--004 **70.00



O SIMMONE



November 16, 2017

FRED BLANK 3157 NORBROOK MEMPHIS, TN 3816

SUBJECT: TRI STATE THEATRE SUPPLY CO, INC.

Ref. Number: W17000085943

We have received your document for TRI STATE THEATRE SUPPLY CO, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P17000081778.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 017A00023276

2017 DEC -4 AM 17: 40

See Attached



October 26, 2017

FRED BLANK 3157 NORBROOK MEMPHIS, TN 3816

SUBJECT: TRI STATE THEATRE SUPPLY CO, INC

Ref. Number: W17000085943

We have received your document for TRI STATE THEATRE SUPPLY CO, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P17000081778.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 017A00021691

Octavia L Simmons Regulatory Specialist II

17 NOV 13 AM 8: 1

COVER LETTER

TO: Registration So Division of Co					
	Theatre Supply Co, It	10			
SUBJECT:					
	Name of	f corporation	on - mi	ist include suffix	
Dear Sir or Madam:					
The enclosed "Applica "Certificate of Existen above referenced foreign."	ce," or "Certificate	of Good St	anding	" and check are sub	et Business in Florida," mitted to register the
Please return all corres Fred Blank	pondence concernir	ng this mat	ler to t	ne following:	
		Name o	of Pers	on	
Tri State Theatre Supply	Co, Inc				
	· · · · · · · · · · · · · · · · · · ·	Firm/Co	mpan	 -	
3157 Norbrook					
		Add	dress		
Memphis, TN 38116					
		City/State	and 2	ip code	
fred@tristatetheatre.com	1				
	E-mail address:	(to be use	d for f	iture annual report r	notification)
For further information	n concerning this ma	atter, pleas	e call:		
_				535 P340	
Fred Blank		901 at (_	25-8249	
Name of Pers		Area C		Daytime Telep	hone Number
					•
STREET/COURIER ADDRESS:			MAILING ADDRESS: Registration Section		
Registration Section Division of Corporations			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee, FL 32314		
Enclosed is a check for	r the following amo	unt:			
\$70.00 Filing Fee	S78.75 Filing Certificate o			8.75 Filing Fee & crified Copy	S87.50 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. Tri State Theatre Supply Coryany l. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc," "Co," or "Corp.") 62-0595691 TN 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) Perpetual 12/24/1957 (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) 3157 Norbrook Memphis, TN 38116 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) William Blank Name: 16104 Ancroft Ct. Office Address: 33647 Tampa , Florida (City) 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.

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: ___ Vice Chairman: _____ Director: _ Address: _ B. OFFICERS Fred Blank President: 3157 Norbrook Address: Memphis, TN 38116 Margaret Blank Vice President: 3157 Norbrook Address: Memphis, TN 38116 Secretary: Address: _ Treasurer: 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. Fred Bl (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

FRED BLANK

3157 NORBROOK DR MEMPHIS, TN 38116-1614 August 23, 2017

Request Type: Certificate of Existence/Authorization

0248327

Issuance Date: 08/23/2017

Copies Requested:

Document Receipt

Receipt #: 003542301

Filing Fee:

\$20.00

Payment-Check/MO - TRI STATE THEATRE SUPPLY CO., INC. MEMPHIS, TN

\$20.00

Regarding:

TRI-STATE THEATRE SUPPLY COMPANY

Filing Type:

Status:

Request #:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/24/1957

Duration Term:

Active

Perpetual

Business County: SHELBY COUNTY

Control #:

32313

Date Formed:

12/24/1957

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

TRI-STATE THEATRE SUPPLY 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

Processed By: Sheila Keeling

Verification #: 023816523