

F17000005478

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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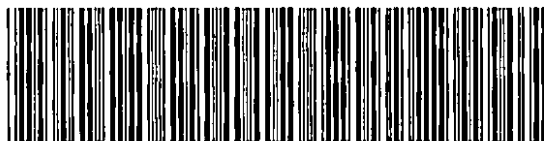
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W17-92411

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17 DEC -5 PM 12:22
TALLAHASSEE, FLORIDA

S. WARREN

DEC 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

JENNIFERE M SIMMONS
6690 STEVE LEE DRIVE
LAKE, MS 39092-8531

SUBJECT: SIMMONS EROSION CONTROL, INC.
Ref. Number: W17000092411

We have received your document for SIMMONS EROSION CONTROL, 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 registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00023519

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMMONS EROSION CONTROL, 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:

JENNIFERE M. SIMMONS

Name of Person
SIMMONS EROSION CONTROL, INC.

Firm/Company
6690 STEVE LEE DRIVE

Address
LAKE, MS 39092-8531

City/State and Zip code
jennie.simmons@simmonserosion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINA POND at (601) 507-2204

Name of Person Area Code Daytime Telephone 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

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.*

SIMMONS EROSION CONTROL, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

none

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSISSIPPI 3. 64-0932069
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/05/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6690 STEVE LEE DR, LAKE, MS 39092-8531
(Principal office address)

P O BOX 206, LAKE, MS 39092
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM


Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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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) **Danny Verdecchia**
Assistant Secretary

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: JENNIFERE M. SIMMONS

Address: 6690 STEVE LEE DRIVE, LAKE, MS 39092

Director: _____

Address: _____

B. OFFICERS

President: JENNIFERE M. SIMMONS

Address: 6690 STEVE LEE DRIVE, LAKE, MS 39092

Vice President: CHRISTOPHER SIMMONS

Address: 6690 STEVE LEE DRIVE, LAKE, MS 39092

Secretary: JENNIFERE M. SIMMONS

Address: 6690 STEVE LEE DRIVE, LAKE, MS 39092

Treasurer: JENNIFERE M. SIMMONS

Address: 6690 STEVE LEE DRIVE, LAKE, MS 39092

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 constitutes a third degree felony as provided for in s.817.155, F.S.

13. JENNIFERE M. SIMMONS, PRESIDENT

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

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17 DEC -5 PM 12: 22
TAMM HSELT FLD ORA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 5th day of January, 2000, the State of Mississippi issued a Charter/ Certificate of Authority to:

SIMMONS EROSION CONTROL, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said SIMMONS EROSION CONTROL, INC. is in good standing at this time.

Given under my hand and seal of office
the 14th day of November, 2017

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN17044848

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>