(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:					
W12 -91814					

Office Use Only



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DEC 0 7 2017

Y SULKER



November 16, 2017

JUSTIN HANKINS PO BOX 2012 SOUTHAVEN, MS 38672

SUBJECT: MOORE ADVANCED INC.

Ref. Number: W17000091814

We have received your document for MOORE ADVANCED 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:

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.

There is a balance due of \$650.00.

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.

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

Letter Number: 117A00023316

# **COVER LETTER**

TO:	FO: Registration Section Division of Corporations						
SUBJI	ECT:	100RE A	DVANCED	, INI	2.		
	<u></u>		e of corporation				
Dear S	ir or Madam:						
"Certif	icate of Existen	• •	te of Good Star	iding" a	nd check are sub	ct Business in Florida," mitted to register the	
Please	return all corres	spondence concer	ming this matter	to the f	following:		
	M.	Justin	Hankir	<u> S</u> Person	····		
	M	oore Ad	Vanced! Firm/Com				
	F	P. O. Box	2012				
			Addre	ess			
		bouthaver	MS	<u> 386</u>	72		
		_					
			MOOTE ad		e annual report r	notification)	
For fur	ther informatio	n concerning this			c annual report i	ourication)	
_	Justin H	ankins	at ( 800	)	679-17	104	
	Name of Pers	on	Area Cod	e	Daytime Telep	hone Number	
	STDEET/CO	HDIED ADDDE	ec.		REALITING, A	DDDEEC.	
STREET/COURIER ADDRESS: Registration Section					MAILING ADDRESS: Registration Section		
Division of Corporations					Division of Corporations		
Clifton Building 2661 Executive Center Circle					P.O. Box 6327		
	Tallahassee, F				Tallahassee, F	L 32314	
Enclose	ed is a check fo	r the following ar	nount:				
<b>X</b> \$70	0.00 Filing Fee	S78.75 Fili Certificate	_		5 Filing Fee &	☐ \$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.	MOORE ADVANCED INC.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"							
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	·laste							
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	7.1.3						
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori	паа)						
2.	TENNESSEE 3. 47-3568613 (State or country under the law of which it is incorporated) (FEI number, if applicable)	- 3568613						
	(State or country under the law of which it is incorporated) (FEI number, if applicable)							
4.	03/03/2015 5. N/A							
•••	(Date of incorporation) (Date of duration, if other than perpetual)							
6	December 2016							
٠.	(Date first transacted business in Florida, if prior to registration)							
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.,	7. 4739 E. SHELBY DR. MEMPHIS. TN (Principal office address)							
	N/A							
	(Current mailing address, if different)							
	<del>ा</del>	•						
o	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)							
ο.	wante and <u>street address</u> of Florida registered agent. (F.O. Box <u>NOT</u> acceptable)							
	Name: KIMBERLEY BROOKS	-						
	· · · · · · · · · · · · · · · · · · ·	,						
0:	ffice Address: 10550 BUCKINGHAM RD							
	Ft. MUERS. Florida 33905							
	Ft. MUERS, Florida 33905 (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.

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 D. Hunter Moore E. Shelby Dr. Memphis, TN 3814 E. Shelby Dr. Memphis, TN 38141 Address: (p739 E. Shelby Dr. Memphis, TN 38141 Director: N/A **B. OFFICERS** President: D. Hunter MOROTE Southaven, MS Southaven MS 38672 Brocks 2012 Southaven MS Treasurer: KIMBERIEU BROCKS . Southaven, 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.

3. KIMBERLEY A. BROOKS Secretary and Treasurer
(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

**HUNTER MOORE** 

**HUNTER MOORE** 6739 E SHELBY DR MEMPHIS, TN 38141 November 3, 2017

Request Type: Certificate of Existence/Authorization

Issuance Date: 11/03/2017

Request #:

0256106

Copies Requested:

**Document Receipt** 

Receipt #: 003645756

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3714654903

\$20.00

Regarding:

MOORE ADVANCED INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 03/03/2015

Status:

Active

Duration Term:

Perpetual

Control #:

790862

Date Formed:

03/03/2015

Formation Locale: TENNESSEE

Inactive Date:

Business County: SHELBY COUNTY

### **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

#### MOORE ADVANCED 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

Processed By: Cert Web User

Verification #: 024936730