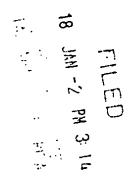
F18000000012

(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:					

Office Use Only



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LEGGETT

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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	DOCUMENTS PLUS INC			
	1	of corporation -	must include suffix	
Dear Sir	or Madam:			
"Certific	losed "Application by Foreign Crate of Existence," or "Certifica ferenced foreign corporation to	te of Good Stand	ing" and check are sub	
	eturn all correspondence concer I WADE	ning this matter t	o the following:	
		Name of Po	erson	
DOCUM	HENTS PLUS INC			
		Firm/Comp	any	
416 LEX	INGTON ST			
BIRMIN	GHAM, AL 35224	Addres	S	
		City/State and	ł Zip code	
4259fax@	ægmail com			·
	E-mail addre	ss: (to be used fo	r future annual report i	notification)
For furth	ner information concerning this	matter, please ca	11:	
ROBERT WADE			530-6861	
	Name of Person	at (Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed	l is a check for the following an	iount:		
= \$ 70.0	00 Filing Fee 💢 \$78.75 Filin Certificate	-	\$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	OCUMENTS PLUS INC				
	corporation; must include "INCORPORATED. Corp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATIO	N,"		
(If name unava	ilable in Fiorida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)		
	COUNTY / ALABAMA 3.	82-1091122			
04/05/2017	try under the law of which it is incorporated)	(FEI number, if applicable) (perpetual)			
(Da	5. te of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
416 LEXINGTO 7	(SEE SECTIONS 607.1501 & 607.1 ON ST, BIRMINGHAM, AL 35224		lity)		
		pat office address)			
	ON ST. BIRMINGHAM, AI, 35224 Current maili	ng address, if different)	11 80 JAN		
8. Name and stre	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	1 2 [
Name:	ROBERT WADE		: 3 5		
Office Address:	4532 W Kennedy Blvd, #222		<u>,</u> ω		
	Таптра		÷		
	(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 ROBERT WADE Chairman: 416 LEXINGTON ST, BIRMINGHAM, AL 35224 Vice Chairman: _____ Address: Director: B. OFFICERS ROBERT WADE 416 LEXINGTON ST, BIRMINGHAM, AL 35224 Vice President: ROBERT WADE Secretary: _ 416 LEXINGTON ST. BIRMINGHAM, AL 35224 Address: _ ROBERT WADE Treasurer: _ 416 LEXINGTON ST, BIRMINGHAM, AL 35224 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. 13. ROBERT WADE, PRESIDENT

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Documents Plus Inc was formed in Jefferson County, Alabama on April 11, 2017. The Alabama Entity Identification number for this entity is 388-694. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180104000004966

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/04/2018

Date

X. W. Menill

John H. Merrill

Secretary of State