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D. SCOTT JAN 2 5 2018

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ace Construction of TN, 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:
Caroline Dell Name of Person
Ace Construction of TW, TNC. Firm/Company
536 Uptour Square Address
Mutreesboro TN 37/29 == =
Caroline Cacconstruction to Com  E-mail address: (to be used for future annual report notification):
For further information concerning this matter, please call:
Name of Person at (Le15) 828-1852  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 \$\Begin{array}{c} \$78.75 Filing Fee & \Begin{array}{c} \$78.75 Filing Fee & \Begin{array}{c} \$87.50 Filing Fee, \\ Certificate of Status & \text{Certified Copy} & \text{Certified Copy} & \text{Cortified Copy} & Cortified Co

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.	")	COMPANY," "CORPORAT	,	<u>O</u>	
(If name unavaila	ble in Florida, enter alterna	te corporate name ado	pted for the purpose of trans	acting business in Fl	lorida)	
2. (State or country	(State or country under the law of which it is incorporated)  (FEI number, if applicable)					
4.	2-0/1-20	12 5.	(, <u></u>			
	(Date of incorporation) (Date of duration, if other than perpetual)					
6						
1 <u>53</u> L	(SEE SECTIONS	Square	F.S., to determine penalty li MUFTQQ SI office address)	ability)	<u>37</u> /2°	
		_	ddress, if different)	TALLAHA	T =	
8. Name and street	address of Florida regis	tered agent: (P.O. H	Box <u>NOT</u> acceptable)	23 ASSEX	F	
Name:	nemen	K. Dell 1	Q.	T. 70	Ö	
Office Address:	840 104	n Hve. N.	<del></del>	2: 1 0 R	_	
	Naples (City		_ , Florida <u>34108</u> (Zip code)	Dir J		
designated in this durther agree to co	ed as registered agent an application, I hereby acc mply with the provision.	cept the appointmen s of all statutes rela	of process for the above s it as registered agent and tive to the proper and con y position as registered a	agree to act in th uplete performan	is capacity. I	

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ler 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: B. OFFICERS Address: Vice President: \_\_ Address: \_ \_ \_ ardl Mutroustoro Address: 1338 handolph reasurer: ddress: DTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes ird degree felony as provided for in s.817.155, F.S.

(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

**KENNETH BELL** 

KENNETH BELL

536 UPTOWN SQUARE

MURFREESBORO, TN 37129

Request Type: Certificate of Existence/Authorization

Request #:

0263250

Issuance Date: 01/14/2018

Copies Requested:

January 14, 2018

**Document Receipt** 

Receipt #: 003740624

Filing Fee:

\$20.00 \$20.00

Payment-Credit Card - State Payment Center - CC #: 3719068804

Regarding:

ACE CONSTRUCTION OF TN INCORPORATED

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/07/2012

Status:

Active

**Duration Term:** 

Perpetual

Business County: RUTHERFORD COUNTY

Control #:

Date Formed: Formation Locale:

JENNESSEE 尝

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

#### ACE CONSTRUCTION OF TN INCORPORATED

- \* 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, interest, 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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