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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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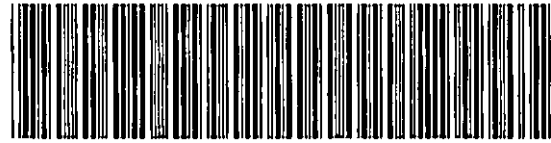
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FEB 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jibewe, 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:

John W. Grant, Jr.

Name of Person

Grant, Konvalinka & Harrison, P.C.

Firm/Company

633 Chestnut ST, STE 900

Address

Chattanooga, TN 37450

City/State and Zip code

jgrant@ekhpc.com

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

For further information concerning this matter, please call:

John W. Grant, Jr.

423

756-8400

at (_____) _____

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.*

1. Jibewe, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. TN 3. 62-1190866
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/04/1983 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Date of registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2 Northgate Park, STE 208, Chattanooga, TN 37415
(Principal office address)

(Current mailing address, if different)

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

Name: Wanda B. Whitley

Office Address: 4800 Hwy A1A

Vero Beach 32963
(City) Florida (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.

Wanda B. Whitley
(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kenneth B. Hall

Address: 2 Northgate Park, STE 208, Chattanooga, TN 37415

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kenneth B. Hall

Address: 2 Northgate Park, STE 208, Chattanooga, TN 37415

Vice President: _____

Address: _____

Secretary: Leigh A. Goebel

Address: 2 Northgate Park, STE 208, Chattanooga, TN 37415

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Kenneth B. Hall
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. Kenneth B. Hall, President

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



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOHN W. GRANT, JR.
STE 900
633 CHESTNUT ST
CHATTANOOGA, TN 37450-0900

January 26, 2018

Request Type: Certificate of Existence/Authorization

Request #: 0264602

Issuance Date: 01/26/2018

Copies Requested: 1

Document Receipt

Receipt #: 003764389

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3719948093

\$20.00

Regarding: JIBEWE, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 126986

Formation/Qualification Date: 04/04/1983

Date Formed: 04/04/1983

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON 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

JIBEWE, 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, 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.

Tre Hargett
Secretary of State

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