

F18000000886

(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:

penalty W18-16719

Office Use Only



900309051959

02/16/18--01016--025 **70.00

02/22/18--01001--002 **950.00

FILED
18 FEB 21 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

FEB 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2018

VARLA HAMPTON
3613 KNIGHT ARNOLD RD
MEMPHIS, TN 38118

SUBJECT: THE LILLY COMPANY
Ref. Number: W18000016719

We have received your document for THE LILLY COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 \$950.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00003483

RECEIVED

FEB 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations
The Lilly Company

SUBJECT: _____
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:
Carla Hampton

_____	Name of Person
The Lilly Company	
_____	Firm/Company
3613 Knight Arnold Road	
_____	Address
Memphis, TN 38118	
_____	City/State and Zip code
champton@lillyco.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Hampton	901	363-6000
_____	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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

The Lilly Company

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Tennessee 62-0271840

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/26/1924

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
04/01/2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3613 Knight Arnold Road, Memphis, TN 38118

7. _____
(Principal office address)

(Current mailing address, if different)

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

URS Agents, LLC

Name: _____
3458 Lakeshore Drive

Office Address: _____
Tallahassee 32312
_____, Florida _____
(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.

URS Agents, LLC

by: Christian Eubanks Christian Eubanks, Assistant Secretary
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Thomas J. Clark, III

Chairman:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

Vice Chairman:

Address:

Joseph Wade Clark

Director:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

Thomas Francis Clark

Director:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

Joseph Wade Clark

President:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

Thomas Francis Clark

Vice President:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

Carla Hampton

Secretary:

3613 Knight Arnold Road, Memphis, TN 38118

Address:

Treasurer:

Address:

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. Carla Hampton, CFO Secretary

(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

CARLA HAMPTON
3613 KNIGHT ARNOLD ROAD
MEMPHIS, TN 38118

February 15, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0266895

Issuance Date: 02/15/2018
Copies Requested: 1

Document Receipt

Receipt #: 003822797

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3721858071

\$20.00

Regarding: THE LILLY COMPANY

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 09/26/1924

Status: Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Control #: 18605

Date Formed: 09/26/1924

Formation Locale: TENNESSEE

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

THE LILLY COMPANY

* 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

Processed By: Cert Web User

Verification #: 026454940