

F18000001513

(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:  
  
~~118-21702~~

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03/02/18--01007--021 \*\*78.75

18 MAR 26 AM 9:49  
MAR 26 2018

Y SULKER

MAR 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2018

CRAIG SOWBY  
3727 NE 23RD CT  
HOMESTEAD, FL 33033

SUBJECT: NORMAL OPERATIONS CORP  
Ref. Number: W18000021702

We have received your document for NORMAL OPERATIONS CORP and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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

Letter Number: 718A00004539

RECEIVED

2018 MAR 26 PM 1:29

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORMAL OPERATIONS CORP  
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:

CRAIG Sowby  
Name of Person

NORMAL OPERATIONS CORP  
Firm/Company

3727 NE 23rd CT  
Address

HOMESTEAD FL 33033  
City/State and Zip code

lockejennifer00@gmail.com or bigrockstr@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jennifer Locke at ( 865 ) 585-4659  
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. NORMAL OPERATIONS CORP  
(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)

2. TENNESSEE 3. 82-3797243  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 618 FIRST AVE, New TAZEWELL, TN 37825  
(Principal office address)

P.O. BOX 996, TAZEWELL, TN 37879  
(Current mailing address, if different)

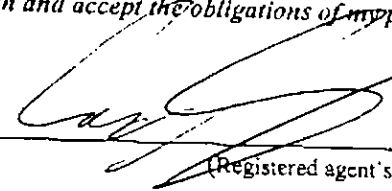
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CRAIG SOWBY

Office Address: 3727 NE 23<sup>RD</sup> CT  
HOMESTEAD, Florida 33033  
(City) (Zip code)

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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.

X   
(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**

Chairman: CRAIG Sowby  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: CRAIG Sowby  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Jasalyn Sowby  
Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: CRAIG Sowby  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Jasalyn Sowby  
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

12. \_\_\_\_\_  
X (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. CRAIG Sowby - 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

**NORMAL OPERATIONS CORP**  
618 FIRST AVENUE  
NEW TAZEWELL, TN 37825

March 20, 2018

**Request Type: Certificate of Existence/Authorization**  
Request #: 0270653

Issuance Date: 03/20/2018  
Copies Requested: 1

**Document Receipt**

Receipt #: 003929780

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3724843557

\$20.00

**Regarding: Normal Operations CORP**

Filing Type: For-profit Corporation - Domestic

Control #: 937797

Formation/Qualification Date: 12/22/2017

Date Formed: 01/01/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: CLAIBORNE 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

**Normal Operations CORP**

- \* 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 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

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