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COVER LETTER

TO:	_	tration Se ion of Cor					
SUBJI	ECT:	Clamon 8	& Peggy Enter	orises Inc			
			Nar	ne of corpora	ition	- must include suffix	
Dear Si	ir or M	adam:					
"Certifi	icate of	Existenc		ate of Good	Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please 1	return a	all corresp	ondence conc	erning this m	atter	to the following:	
Stephe	n Rice						
		<u>.</u>		Name	c of I	Person	
SMR&E	ELLC						
				Firm/	Com	pany	
113 W	Brookv	vood Dr S	TE B				
				Α	ddre	SS	
Valdost	ta, GA	31602					
				City/\$ta	ite an	nd Zip code	
admin@))smrel	lc.com					
			E-mail addr	ess: (to be us	sed fo	or future annual report i	notification)
For furt	ther inf	ormation	concerning thi	s matter, plea	ise ca	all:	
Clamon Browning at (229) 560-7084				
	Name	of Persor	1	Area	Code	Daytime Telep	hone Number
Enclose	Regist Division Clifton 2661 I Tallah	ration Secon of Corp in Building Executive assee, FL	oorations Center Circle			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassec, F	ection orporations
3 \$70.	00 Fili	ng Fee	S78.75 Fi Certificat	ing Fee & e 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.

١.	Clamon & Peggy Enterprises Inc								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")								
	(IC)1				1				
	(If name unavail	able in Florida, enter alternate corporate nan	nc	adopted for the purpose of transactin	g business in Florida)				
2.				82-5025465					
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)					
4.	3/22/2018		5.						
	(Date of incorporation)			(Date of duration, if other	(Date of duration, if other than perpetual)				
6.	Date of Regist	ration in FL							
-	6074 IS Unit 4	(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)				
/٠.	0071 US HWY 1	29, Lice Oak, FL 32060 (Prin	cir	pal office address)					
	2109 Oakdale [Dr. Valdosta. GA 31602	,		18 SEC				
		(Current ma	ilir	ng address, if different)	AUG -				
8.	Name and stree	et address of Florida registered agent: (I	Р.С	O. Box NOT acceptable)	6 PE				
	Name:	Clamon Browning			10811 2111 2111				
Office Add	ffice Address:	6871 US Hwy 129		,	20 20				
		Live Oak		, Florida 32060					
		(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, pot 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: Clamon Browning Address: 2109 Oakdale Dr. Valdosta, GA 31602 Vice Chairman: Peggy Anderson Address: 2109 Oakdale Dr Valdosta, GA 31602 Director: __ Address: ___ ᇙ **B. OFFICERS** President: Clamon Browning Address: 2109 Oakdale Dr Valdosta, GA 31602 Vice President: Peggy Anderson Address: 2109 Oakdale Dr Valdosta, GA 31602 Secretary: Peggy Anderson Address: 2109 Oakdale Dr., Valdosta, GA 31602 Treasurer: Clamon Browning Address: 2109 Oakdale Dr., Valdosta, GA 31602 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Juning 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.

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

13. Clamon Browning, President

Control Number: 18039474

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Clamon & Peggy Enterprises, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16027575 Date Inc/Auth/Filed: 03/22/2018 Jurisdiction : Georgia Print Date : 07/17/2018

Form Number : 211



B: P. L.

Brian P. Kemp
Secretary of State