

9/17/2018

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Florida Department of State
Division of Corporations
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To:

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**FOREIGN PROFIT/NONPROFIT CORPORATION
WAGGONER RESILIENCE, INC.**

| | |
|-----------------------|---------|
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P.O. Box 12227
Jackson, MS 39236-2227

601-355-9526 Voice
601-352-3945 Fax

We do not plan to revoke the Dissolution of the Domestic Corporation, and Waggoner Resilience releases the name of Waggoner Resilience Inc. for use as a Foreign Registered entity in FL.

Thank you,

A handwritten signature in cursive script, appearing to read "Emad Al-Turk".

Emad Al-Turk

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. Waggoner Resilience, Inc.
(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. MISSISSIPPI 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/14/2017 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. 143-A LeFleurs Square, Jackson, MS 39211
(Principal office address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

C T Corporation System

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

A. DIRECTORS

Chairman: Joe WaggonerAddress: 143 A LeFleurs SquareJackson, MS 39211

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Emad Al-TurkAddress: 143-A LeFleurs SquareJackson, MS 39211

Vice President: _____

Address: 143-A LeFleurs SquareJackson, MS 39211Secretary: Misty BiardAddress: 143-A LeFleurs Square, Jackson, MS 39211

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. Emad Al-Turk President

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

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TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 14th day of August, 2017, the State of Mississippi issued a Charter/Certificate of Authority to:

WAGGONER RESILIENCE, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Waggoner Resilience, Inc. is in good standing at this time.

Given under my hand and seal of office
the 17th day of September, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18056988

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>