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(Re	equestor's Name)	_
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bi	usiness Entity Name)	
(Ď	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration S Division of Co				
SUB.	JECT:	STACK Con	p.		
		Name of corpor	ration - r	nust include suffix	
Dear !	Sir or Madam:				
"Certi	ficate of Existen	ntion by Foreign Corporatio ce," or "Certificate of Good gn corporation to transact b	l Standir	ig" and check are sub	
Please	return all corres	spondence concerning this r	natter to	the following:	
		John Benj	amin B	lack	
			ne of Per		
		STACK Cor	D.		
			/Compa		
		1969-B Ch	andala	r Drive	
		 	Address		<u> </u>
		Pelham, A	r. 351	24	
				Zip code	
		stackcorp		•	
		E-mail address: (to be o			notification)
For fu	urther information	n concerning this matter, pla	ease call	:	
	John Benjami	n_Black at (2	05 i	566-9691	
	Name of Pers			Daytime Telep	hone Number
	Registration S Division of Co Clifton Buildi	orporations ng ce Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclo	sed is a check fo	r the following amount:			
O \$7	0.00 Filing Fce	☐ \$78.75 Filing Fee & Certificate of Status		78.75 Filing Fee & Certified Copy	2 \$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.

i.		STACK Corp.			
		orporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	OMPANY,"	"CORPORATION,"	
	(If name unavail	able in Florida, enter alternate corporate name adop	ted for the p	urpose of transacting bu	usiness in Florida)
2.	Alaban	na 3.	81-536	1790	
	(State or countr	ry under the law of which it is incorporated)		(FEI number, if applic	able)
4.	2/14/20	017 5			
	4. <u>2/14/2017</u> 5. (Date of incorporation)		(Date o	of duration, if other that	n perpetual)
6.					
		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			E88 6
7. 1969-B Chandalar Drive				一层面工	
		·	ffice address)	138 LE
		Pelham, AL			
8.	Name and street	(Current mailing ad et address of Florida registered agent: (P.O. B			TI TE FLORIDA
	Name:	Theresa C. O'Brien	_		
О	ffice Address:	47 S. Hamilton Springs Road	_		
		St. Augustine (City)	_ , Florida _	32084	
		(City)	-	(Zip code)	
H de fu	aving been namesignated in this orther agree to c	ent's acceptance: ned as registered agent and to accept service of application. I hereby accept the appointment somply with the provisions of all statutes related familiar with and accept the obligations of my	t as register ive to the p	red agent and agree (roper and complete)	to act in this capacity. I
		(Registered agen	t's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

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

A. DIRECTOR	RS .
Chairman:	Brian S. Stiffler
Address:	1969-B Chandalar Drive
	Pelham, AL 35124
Vice Chairman: _	John Benjamin Black
Address:	206 Chase Drive
	Pelham, AL 35124
Director:	
	EQ T
Director:	
B. OFFICERS	
President:	Brian S. Stiffler
	1969-B Chandalar Drive
	Pelham, AL 35124
Vice President:	John Benjamin Black
Address:	206 Chase Drive
	Pelham, AL 35124
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
The officer or dare true and that	Signature of Director or Officer irector signing this document (and who is listed in number 11 above) affirms that the facts stated herein the or she is aware that false information submitted in a document to the Department of State constitution of the provided for in s.817.155, F.S.
13	John Benjamin Black
	(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that STACK Corp. was formed in Jefferson County, Alabama on February 14, 2017. The Alabama Entity Identification number for this entity is 383-587. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20190129000010076

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/29/2019

Date

X. W. Merill

John H. Merrill

Secretary of State