

FI9000001BSO

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

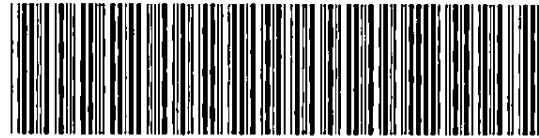
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900327798209

04/16/19--0101--005 **3045.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 APR 11 P 5:36

FILED

900327798209
04/12/19--01004--002 **275.00

RECEIVED
19 APR 11 PM 3:30
TALLAHASSEE, FLORIDA

4/16/19 DS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 4/11/2019

****WALK IN****

ENTITY NAME STR, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 125

CHECK # 5996

Please call Tina at the above number for any issues or concerns. Thank you so much!

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2019

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: STR, INC.
Ref. Number: W19000036606

*Please allow
for the initial
file date*

2019 APR 11 5:36
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TALLAHASSEE
FLORIDA

FILED

We have received your document for STR, INC. and your check(s) totaling \$275.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P97000031789.

There is a balance due of \$3100.00.

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 \$3,500.00.

Please return your document, along with 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00007365

19 APR 15 AM 11:24

RECEIVED

**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. STR, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- STR (TN), Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/17/1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. January, 1999
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 735 E. Main Street, Hendersonville, TN 37075
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: NRAI Services, Inc.

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.

NRAI Services, Inc.

By: _____

(Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary

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.

2019 APR 11 P 15:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: Randell A. Smith

Address: 735 E. Main Street, Hendersonville, TN 37075

Vice Chairman: _____

Address: _____

Director: Alexander R. Smith

Address: 735 E. Main Street, Hendersonville, TN 37075

Director: _____

Address: _____

B. OFFICERS

President: Amanda W. Hite

Address: 735 E. Main Street, Hendersonville, TN 37075

Vice President: Alexander R. Smith

Address: 735 E. Main Street, Hendersonville, TN 37075

CFO: Debbie Gryszko

Address: 735 E. Main Street, Hendersonville, TN 37075

Treasurer: _____

Address: _____

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

12. Debbie A. Gryszko
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. DEBBIE A. GRYSZKO, CFO
(Typed or printed name and capacity of person signing application)

FILED
2019 APR 11 P 5:37
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



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

BAKER DONELSON
AUDREY GIGLIO
STE 800
211 COMMERCE ST
NASHVILLE, TN 37201-1817

February 6, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0304959

Issuance Date: 02/06/2019
Copies Requested: 1

Document Receipt

Receipt #: 004524263

Filing Fee:

\$20.00

Payment-Check/MO - BAKER DONELSON BEARMAN, NASHVILLE, TN

\$20.00

Regarding: STR, Inc.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 10/17/1988
Status: Active
Duration Term: Perpetual
Business County: SUMNER COUNTY

Control #: 208719
Date Formed: 10/17/1988
Formation Locale: TENNESSEE
Inactive Date:

2019 APR 11 10:00
FILED
CLERK OF THE COURT
NASHVILLE, TENNESSEE

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

STR, Inc.

- * 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
Tre Hargett
Secretary of State

Processed By: Stephanie Booker

Verification #: 031752223