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(((H19000147145 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION

Atwood Rentals, Inc.

| Certificate of Status | U |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu Corporate Filing Menu

Help

B KINSEY MAY - 6 2019 To:

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.

| • | corporation: must include "INCORPORATED," Corp.," "Inc.," "Co," or "Corp.") | "COMPANY," "CORPORATION," | 16 10.07(1)6 16 |
|------------------|--|--|----------------------------|
| TENNESSEE 2. | able in Florida, enter alternate corporate name a 3. ry under the law of which it is incorporated) | adopted for the purpose of transacting bu 47-4068019 (FEI number, if applica | |
| 05/15/2019 4. | 5 | PERPETUAL | |
| | of incorporation) | (Date of duration, if other than | perpetual) |
| 7 | T. MILAN, TN 38358 (Princip MILAN, TN 38358 | al office address) | |
| | (Current mailin | g address, if different) | |
| | | | ا مسد. ا مساد ا مساد |
| | et address of Florida registered agent: (P.C C T Corporation System | . Box <u>NOT</u> acceptable) | 1, |
| Name: | · |). Box <u>NOT</u> acceptable) | |
| | C T Corporation System | Box <u>NOT</u> acceptable) . Florida 33324 | 11.50> (3.10:20 |

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.

By: C T Corporation System

Bree Zahner, 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.

. . . .

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

| A. DIKE | CIORS | | |
|--------------------|--|--------------------|--------------|
| Chairman: | | | |
| Address: _ | | | |
| | | | |
| Vice Chairn | nan: | | Ÿ |
| | | | |
| Address: _ | | | <u>.</u> |
| | | | |
| Director: _ | | | |
| Address: | | | |
| | | | |
| Director: _ | | | |
| Address: | | | |
| _ | | | |
| B. OFFIC | CERS | ~ 5 | |
| President: | ANDREW A. ATWOOD | ene i | |
| _ | 85 STATE ROUTE 187 | 37 | |
| | IILAN, TN 38358 | ,2 | |
| Vice Preside | ent: | | |
| | | ب ال | |
| , rouress | | | |
| | ANGELIA ATWOOD | | |
| Secretary: _ | 25 STATE ROUTE 187, MILAN, TN 38358 | | |
| | ANGELIA ATWOOD | | |
| Treasurer: _ 18 | 35 STATE ROUTE 187, MILAN, TN 38358 | | |
| Address: | | | |
| NOTE: If | necessary, you may attach an addendum to the application listing additional officers and/or dire | ectors. | |
| 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 h | erein |
| | that he or she is aware that false information submitted in a document to the Department of States for the false information submitted in a document to the Department of States for the provided for in s.817.155, F.S. | ate cons | titutes |
| ANDRE | EW A. ATWOOD PRESIDENT | | |
| 13 | (Typed or printed name and capacity of person signing application) | | _ |



Secretary of State

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

WOLTERS KLUWER 118 W EDWARDS STE 200 SPRINGFIELD, IL 62704

April 23, 2019

Request Type: Certificate of Existence/Authorization

0313801 Request #:

Issuance Date: 04/23/2019

Copies Requested:

Document Receipt

Receipt #: 004774553

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3756384765

\$20.00

Regarding:

Atwood Rentals Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 05/15/2015

Active

Status: Duration Term:

Perpetual

Business County: GIBSON COUNTY

Control #: Date Formed: 799906 05/15/2015

Formation Locale: TENNESSEE

Inactive Date:

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

Atwood Rentals 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.

Secretary of State

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