To: Page 2 of 7



2019-05-15 14 02.58 CST

5/15/2019

2122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001597333)))



H190001597333ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | |
|--------|-------------------|---|--------------|
| | Division of Cor | porations | |
| | Fax Number | : (850)617-6383 | |
| From: | | | |
| | Account Name | : C T CORPORATION SYSTEM | A. A. |
| | Account Number | : FCA00000023 | A LA |
| | Phone | : (514)280-3338 | |
| | Fax Number | : (954)208-0845 | 5 |
| • | | | |
| +Enter | the email addres: | ; for this business entity to be used for | r future 🖛 I |
| anr | ual report maili | ngs. Enter only one email address please | |
| | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION GULF STATES CANNERS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$78.75 |

...

Electronic Filing Menu

Corporate Filing Menu

...

Help

Z BROWN

F1: 4: 13

| • | • | | | |
|--|--|--|---------------------------------|--------------------|
| Page 3 of 7 | | 2019-05-15 14 02 58 CST | 12122 02 3573 F | From Kimberly Lauc |
| APPLICA | | DRPORATION FOR AUTHO BUSINESS IN FLORIDA | RIZATION TO TRAN | ISACT |
| | | FLORIDA STATUTES, THE FOLI TRANSACT BUSINESS IN THE ST | | то |
| CULE STATES (Enter name of co "Inc.," "Co.," "Co | CANNERS, INC. rporation; must include "INCO: rp," "luc," "Co," or "Corp.") | RPORATED," "COMPANY," "COF | PORATION," | |
| | | | | |
| - | | proporate name adopted for the purpose | of transacting business in Flo | orida) |
| (State or country | Di under the law of which it is inc | 3 <u>64-0513731</u> corporated) (FEI r | number, if applicable) | |
| 4. <u>11/04/1971</u> (Date of | 12: of incorporation) | 5(Date of dura | ation, if other than perpetual) | |
| 6 | | ted business in Florida, if prior to regi 1501 & 607.1502, F.S., to determine p | | |
| 7. <u>1006</u> _Indus | strial Park Drive, Cl. | Inton. MS 39056 (Principal office address) | | FII |
| | (| (Current mailing address, if different) | - سند | |
| 8. Name and <u>street</u> | <u>taddress</u> of Florida registere | d agent: (P.O. Box <u>NOT</u> acceptal | ble) | PH 3 |
| Name: | CT_Corporation_Sys | stem | | |
| | • | | ** | |
| Office Address: | 1200 South Pine T | sland Road | ~ | |

¢

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.



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. DIRECTORS | |
|---|---|
| Chairman:See_Addendum | |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | |
| | · · · · · · · · · · · · · · · · · · · |
| Director: | |
| Address: | ,,,,,,, |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President:See Addendum | and the second se |
| Address: | |
| | |
| Vice President: | |
| Address: | <u> </u> |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing addie | tional officers and/or directors. |
| 12 | ······································ |
| are true and that he or she is aware that false information submitted in a documen | |
| a third degree felony as provided for in s.817.155, F.S. | |
| 13. Marion Smith, Secretary (Typed or printed name and capacity of person signing ap | oplication) |
| · · · · · · · · · · · · · · · · · · · | |

To: Page 5 of 7

12122023573 From, Kimberly Laughrey

• •

ADDENDUM

 Albert C. Clark, President & Director North East Mississippi Coca-Cola Bottling Co.
 P.O. Box 966 Starkville, MS 39759;

> H. L. Williams, Jr., Vice-President & Director Corinth Coca-Cola Bottling Works, Inc. P.O. Box 229 Corinth, MS 38834;

Marion Smith, Attorney & Secretary P.O. Box 1307 Natchez, MS 39121;

Stan Ellington, Treasurer & Director Coca-Cola Bottling Company United, Inc. P.O. Box 2006 Birmingham, AL 35201;

Hardy Graham, Chairman of the Board & Director Meridian Coca-Cola Bottling Company P.O. Box 5207 Meridian, MS 39301;

Kenneth Wilson, Director Wilson Corporation, d/b/a Coca-Cola Bottling Co. of Nashville, Arkansas P.O. Box 1560 Nashville, AR 71852;

Kenneth Williams, Director Magnolia Coca-Cola Bottling Co., Inc. P.O. Box 278 Magnolia, AR 71753;

Donnie Etheridge, Director Coca-Cola Bottling Company Consolidated P.O. Box 31487 Charlotte, NC 28231;

2015 HAY 15 PH 3: FILED

2019-05-15 14 02 58 CST

12122023573 From: Kimberly Laughrey

To. Page 6 of 7

· · ·

Matthew Hirsch, Director Coca-Cola Bottling Co. of Minden, Inc. 412 Pine Street Minden, LA 71055;

Deanna Formby, Director Coca-Cola Bottling Co., of Hot Springs, Inc. 322 Market Street Hot Springs, AR 71901.

FILED 2013 HAY IS PH 3: 20 国家のないでない

.........

•

. . .

:

ı

.

2 , 1 ;

:

| | LBERT HOSEMANN Secretary of State |
|---|--|
| Office | of the Secretary of State ackson, Mississippi |
| Certific | ate of Good Standing |
| | R., Secretary of State of the State of Mississippi, and as ords as required by the laws of Mississippi, to be filed |
| That on the 4th day of Novembe Certificate of Authority to: | er, 1971, the State of Mississippi issued a Charter/ |
| GULF STATES CANNERS, INC. | • |
| That the state of incorporation is Mi | ssissippi. |
| That the period of duration is perpetual. | |
| That according to the records of the Withdrawal have not been filed. | his office, Articles of Dissolution or a Certificate of |
| That according to the records of this the Office of the Secretary of State. | s office, a current Annual Report has been delivered to |
| • | and penalties owed to this state, as reflected in the overbeen paid and that the corporation is in existence or Mississippi. |
| That insofar as the records of the CANNERS, INC. is in good standin, | his office are concerned, the said GULF STATES g at this time. |
| | Given under my hand and seal of office the 6th day of May, 2019 |
| | C. Dellest Nosemann, ". |
| , | C. DELBERT HOSEMANN, JR. Secretary of State |
| Certificate Number: CN19066394 /erify this certificate online at http://corp.sos.п | ns.gov/corpconv/verifycertificate.aspx |