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API PROCESSING 8139734326  
Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : API PROCESSING - LICENSING (TAMAP OFFICE)  
Account Number : I20150000120  
Phone : (954)233-0222  
Fax Number : (813)973-4326

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

Email Address: StateLicenseinfo@gmail.com

**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRI-STATE SPRINKLER CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$87.50 |

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JUN 21 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRI-STATE SPRINKLER CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGELA BRAGG

Name of Person

API PROCESSING - LICENSING

Firm/Company

29157 CHAPEL PARK DRIVE, SUITE A

Address

WESLEY CHAPEL, FL 33543

City/State and Zip code

STATELICENSEINFO@APIPROCESSING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA BRAGG

Name of Person

at ( 954 )

Area Code

233-0222

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$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.

1. TRI - STATE SPRINKLER CORPORATION  
(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. TENNESSEE 3. 62 - 1060382  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7 / 23 / 1979 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 7 / 5 / 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3729 E RAINES RD , MEMPHIS, TN 38118  
(Principal office address)

(Current mailing address, if different)

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

Name: API PROCESSING-LICENSING, INC.

Office Address: 3419 GALT OCEAN DRIVE, STE A

FORT LAUDERDALE, Florida 33308  
(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.*

  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Director: **BARRY BLACKBURN**Address: **3729 E RAINES RD , MEMPHIS, TN 38118**  
\_\_\_\_\_Director: **BOBBY BLACKBURN**Address: **3729 E RAINES RD , MEMPHIS, TN 38118**  
\_\_\_\_\_**B. OFFICERS**President: **BARRY BLACKBURN**Address: **3729 E RAINES RD , MEMPHIS, TN 38118**  
\_\_\_\_\_Vice President: **BOBBY BLACKBURN**Address: **3729 E RAINES RD , MEMPHIS, TN 38118**  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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. **BARRY BLACKBURN / PRESIDENT**

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

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JUN 20 AM 12:31  
2019



**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

**ANGELA BRAGG**

June 12, 2019

ANGELA BRAGG

SUITE A

29157 CHAPEL PARK DR.

WESLEY CHAPEL, FL 33543

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 08/12/2019

Request #: 0319366

Copies Requested: 1

**Document Receipt**

Receipt #: 004860565

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3760080057

\$20.00

**Regarding: TRI-STATE SPRINKLER CORPORATION**

Filing Type: For-profit Corporation - Domestic

Control #: 67689

Formation/Qualification Date: 07/23/1979

Date Formed: 07/23/1979

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

**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

**TRI-STATE SPRINKLER CORPORATION**

- \* 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  
Secretary of State

Processed By: Cert Web User

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