

F19000002931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

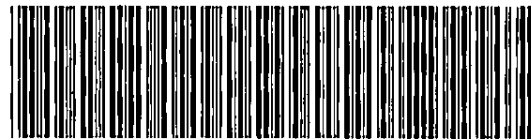
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/19 -01014--025 **70.00

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19 JUN 24 PM 4:40
SOUTHERN DISTRICT OF ALABAMA
FALL ALBANY, ALABAMA

B KINSEY
JUN 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

MEGAN CATHEY
4885 RIVERSIDE DR
MACON, GA 31210

SUBJECT: ALTERA PAYROLL & INSURNACE, INC.
Ref. Number: W19000053879

We have received your document for ALTERA PAYROLL & INSURNACE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed in #11 of this form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00011244

RECEIVED

JUN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Alera Payroll & Insurance, Inc.

SUBJECT: _____
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:

Megan Cathey

Name of Person

Cadence Bank, N.A.

Firm/Company

4885 Riverside Drive

Address

Macon, GA 31210

City/State and Zip code

carol.murcks@cadencebank.com

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

For further information concerning this matter, please call:

Megan Cathey

478

796-6264

at ()

Name of Person

Area Code

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

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19 JUN 24 PM 4:40
SOUTHERN
FALLS
TALLAHASSEE, FLORIDA

**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. Altera Payroll & Insurance, Inc.
(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. Delaware 3. 46-2724329
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/15/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1000 Northside Crossing, Macon, Georgia 31210
(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: Denise Bell
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Rudolph Holmes

Address: 2100 Third Avenue North
Birmingham, AL 35203

Vice Chairman: _____

Address: _____

Director: Jerry Powell

Address: 2100 Third Avenue North
Birmingham, AL 35203

Director: Katrina King

Address: 2100 Third Avenue North
Birmingham, AL 35203

B. OFFICERS

President: Rudolph Holmes

Address: 2100 Third Avenue North
Birmingham, AL 35203

Vice President: _____

Address: _____

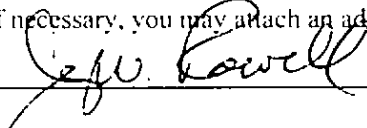
Secretary: Jerry Powell

Address: 2100 Third Avenue North, Birmingham, AL 35203

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. Jerry Powell, Secretary

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

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19 JUN 24 PM 4:40
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTERA PAYROLL & INSURANCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTERA PAYROLL & INSURANCE, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2012.



5199439 8300

SR# 20192886446

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202724127

Date: 04-29-19