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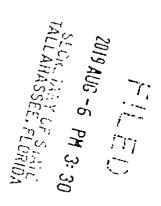
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# **COVER LETTER**

TO:	Registration Se Division of Cor						
CLID 1	LEEHAV	V INC					
SUBJ	EC1:	Name o	f corporation	- must include suffix			-
Dear S	Sir or Madam:						
"Certif	ficate of Existenc		of Good Stan	Authorization to Transa ding" and check are sub ss in Florida.			
	return all corresp SON WHITE	oondence concernir	ng this matter	to the following:	TALEAH	2019 AUG	<u>.</u> .
LEEH	AW INC	_	Name of l	Person	SSE CO	-6 P	-;-
1408 N	MOSSY ROCK LA	NE	Fimv/Com	pany	LORID	3: 31	<u> </u>
KNOX	VILLE, TN 37922		Addre	ss		_	_
INFO@	©LEEHAW.COM		City/State ar	nd Zip code			_
	<u> </u>	E-mail address:	(to be used f	or future annual report	notification)		_
For fur	ther information	concerning this ma	utter, please c	all:			
ALLISON WHITE 865		806-2435					
	Name of Perso	n	Arca Code	Daytime Telep	hone Number		
Enclos	Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations B Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7		
	0.00 Filing Fee	S78.75 Filing Certificate of	Fee &	\$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Co	of Statu	ıs &

# 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
TENNESSEE		dopted for the purpose of transacting business in Florida) 46-4584130
(State or country	y under the law of which it is incorporated)  5.	(FEI number, if applicable)  (Date of duration, if other than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	
1408 MOSSY RO	OCK LANE KNOXVILLE, TN 37922	202. F.S., to determine penalty liability)  al office address)
None		g address, if different)
Name and street Name:	t address of Florida registered agent: (P.C ALLISON WHITE	Box NOT acceptable)
ffice Address:	2420 SE 17TH ST #405C	
	FORT LAUDERDALE (City)	, Florida
laving been nam	ent's acceptance: ed as registered agent and to accept servi	ce of process for the above stated corporation at the tent as registered agent and agree to act in this cap

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_\_ Address: Vice Chairman: Address: \_\_\_\_\_ Address: \_\_\_ 9 Director: Address: Ŧ ယ **B. OFFICERS** ALLISON WHITE President: 1408 MOSSY ROCK LANE Address: KNOXVILLE, TN 37922 LEANA WHITE Vice President: 1408 MOSSY ROCK LANE Address: KNOXVILLE, TN 37922 Secretary: Address: \_\_\_\_\_ Treasurer: 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.

ALLISON WHITE - PRESIDENT 13.



# **Division of Business Services Department of State**

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

### **ALLISON WHITE**

1408 MOSSY ROCK LANE KNOXVILLE, TN 37922

June 4, 2019

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/04/2019

Request #:

0318558

Copies Requested:

Receipt #: 004843845

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3759660028

\$20.00

Regarding:

LeeHaw, Inc

Filing Type:

For-profit Corporation - Domestic

Control #:

Formation/Qualification Date: 10/01/2016

Date Formed:

Verification #: 033597024

Status: Duration Term: Active

Perpetual

Business County: KNOX COUNTY

Inactive Date:

Formation Locale:

# **CERTIFICATE OF EXISTENCE**

**Document Receipt** 

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

# LeeHaw, 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

Processed By: Cert Web User