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Note: I	O NOT hit the REFRESH/RELOAD button on your browser from to Doing so will generate another cover sheet.	his page.
To:	Division of Corporations  Fax Number : (850)617-6383	ΞP −6 Pl
From	Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845	PM 4: 37
**Ent	er the email address for this business entity to be used for tannual report mailings. Enter only one email address please.*  Email Address:	Future •
**Ent	annual report mailings. Enter only one email address please.*	future •
**Ent	annual report mailings. Enter only one email address please.*  Email Address:  FOREIGN PROFIT/NONPROFIT CORPORATION	future * 
**Ent	Email Address:  FOREIGN PROFIT/NONPROFIT CORPORATION  Port City Rentals, Inc.	-
**Ent	FOREIGN PROFIT/NONPROFIT CORPORATION  Port City Rentals, Inc.  Certificate of Status  Certified Copy  Page Count  Page Count  Page Count  Profit Control one email address please.*	Y SCOT

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Help

## 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.

Port City F	tentals, Inc.	·
	rporation: must include "INCORPORATE	D," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Co	orp," "Inc," "Co." or "Corp.")	
		•
(If name unavaila	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)
Alabama		3. 63-8720829
(State or country	under the law of which it is incorporated)	
01/20/1977		Perpetual
·		5
. (Date	of incorporation)	(Date of duration, if other than perpetual)
·		37
	(Date first transacted business	ss in Floridat if prior to registration)
		7.1502, F.S., to determine penalty liability)
	3asa old Shell Road	mobile A1. 36607 = -
· · · · · · · · · · · · · · · · · · ·	(Pri	ncipal öffice address)
•		3
	(Current m	ailing address, if different)
•		
	and the area of the side management of some	(D.C) Dos. NOT accentable)
. Name and stret	et address of Florida registered agent:	(1.0. box <u>NOT</u> acceptable)
Name:	C T Corporation System	· ·
	1200 South Pine Island Road	
Office Address:		
•	Plantation,	33324 , Florida
	(City)	(Zip code)
Registered ag	ent's acceptance:	C C db b
iaving been nam locionated in this	ed as registered agent and to accept so complication. I hereby accept the appo	ervice of process for the above stated corporation at the p intment as registered agent and agree to act in this capac
iesignaieu in inis iui <b>ther aeree t</b> o c	omply with the provisions of all status	tes relative to the proper and complete performance of my
luties, and I am j	familiar with and accept the obligation	ns of my position as registered agent.
-	CT Curporation Sys	Urri
	ANALUM HAMI	
By:	Christine Christine	e Kelm, Assistant Secretary
		red 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.

HIT Names and business add	resses of officers and/	or directors.	•					
A. DIRECTORS  W. Brad Sm	nallwood						· ·	
Address: 21 30	Idiers Rowte							·
	Fort Al.	36527			· · · · · ·		<del>,</del>	· <del></del>
Vice Chairman:		·					<del></del> .	· .
Address:	· ·			<del>. —</del>	<del></del>	<del></del> -		·
		<del></del>			<del></del>		· · · · · · · · · · · · · · · · ·	
Director:		•					·	- ·-
		<del></del>		<del></del>	<u> </u>	2019		*:""
Director:	· · · · · · · · · · · · · · · · · · ·	<del></del> <del>_</del>		<u> </u>	<u> </u>	9 SE	<del></del>	-·· <b>-</b>
Address:			<del></del>		SSi	96		
B. OFFICERS		· · · · · · · · · · · · · · · · · · ·			<u> </u>	PH L		••
President: W. Brad Smally	vood			· · · · · ·	GR			
Address: 21 Soldi			_ <del>_</del>		<del></del>	<del>-</del>		· <b></b> ·
<u>Spanish</u>	Fort AL. 3	36527	<u></u>	······································			·	
Vice President:			·					
Address:				<del></del> ;				
Secretary:								
Address:		÷			•		·	
			· · ·	•	,			
Treasurer:		· · · · · · · · · · · · · · · · · · ·		·				
Address: 2	122						·	•••••
NOTE: If necessary, you m	jay attach an addendu	m to the application	listing addition	al office	ers and/	or direc	iors.	
12.	A Sign	Nire of Director	eras	•				
The officer or director signi are true and that he or she is a third degree felony as pro-	ng this document (and aware that false info	I who is listed in nut rmation submitted in	nber II above)	affirms the Dep	that the	racts star rof Star	aied herei e constitut	n les
13. Presiden		Smallwood	)		•		•	
	ned of printsumanna		ກາຮເຂດກຳກັດ accid	éation)		· · · · · · · · · · · · · · · · · · ·		

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Port City Rentals, Inc. was formed in Mobile County, Alabama on January 20, 1977. The Alabama Entity Identification number for this entity is 044-723. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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20190903000037782

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/03/2019

Date

X 24 Merill

John H. Merrill

Secretary of State