

F14000004192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

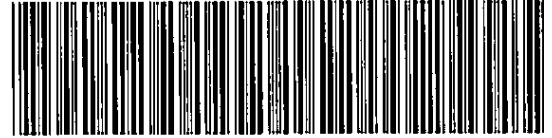
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Y SCOTT

SEP 12 2019

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2019 SEP 10 PM 3:24
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2019

CAROLYN RAINS
1070 LAKE VILLAGE CIRCLE
SUITE:D
BRANDON, MS 39047

SUBJECT: AUTOMATION DESIGNS & SOLUTIONS, INC.
Ref. Number: W19000077705

We have received your document for AUTOMATION DESIGNS & SOLUTIONS, 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 contain both the street address of the principal office and the mailing address of the entity.

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

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 719A00017317

RECEIVED
SEP 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Automation Designs & Solutions, Inc. dba AD&S, 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:
Carolyn Rains

Name of Person
Automation Designs & Solutions, Inc. dba AD&S, Inc.

Firm/Company
1070 Lake Village Circle, Suite D

Address
Brandon, MS 39047

City/State and Zip code
crains@fingerpro.net, melanie@fingerpro.net, cramirez@fingerpro.net

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

For further information concerning this matter, please call:

Chrissy Ramirez 601 992-4121 x 201

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

Application of Authority - Foreign Corporation

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. Automation Designs & Solutions, 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. Mississippi

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 02/27/1989

(Date of incorporation)

5. _____

(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. 1070 Lake Village Circle, Suite D., Brandon, MS 39047

(Principal office address)

1070 Lake Village Circle, Suite D, Brandon, MS 39047

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Bill Havre

Registered Agents Inc.

Bill Havre - Assistant Secretary

(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: _____

Director: _____

Address: _____

Director: _____

Address: _____

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MELANIE TOUDOUZE

B. OFFICERS

Carolyn Rains

President: _____

1070 Lake Village Circle, Suite D

Address: _____

Brandon, MS 39218

Vice President: _____

Address: _____

Secretary: _____
Melanie Toudouze

519 Cliff View Dr. , Brandon, MS 39047

Address: _____

Carolyn Rains

Treasurer: _____

1070 Lake Village Circle, Suite D, Brandon, MS 39047

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Carolyn Rains _____

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.

Carolyn Rains - President

13. _____

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



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
AUTOMATION DESIGNS & SOLUTIONS, INC.	Legal

Business Information

Business Type:	Profit Corporation
Business ID:	561590
Status:	Good Standing
Effective Date:	02/27/1989
State of Incorporation:	Mississippi
Principal Office Address:	1070 Lake Village Drive, Ste D Brandon, MS 39047

Registered Agent

Name
CAROLYN RAINS
1070 Lake Village Circle Ste D
Brandon, MS 39047

Officers & Directors

Name	Title
Howard C Ross Jr 700 N State St Jackson, MS 39202	Incorporator
Carolyn Rains 1070 Lake Village Circle, Ste D Brandon, MS 39047	Director, President, Treasurer
Doyle Rains Jr 519 Cliffview Drive Brandon, MS 39047	Director, Treasurer
Melanie R Toudouze 519 Cliffview Drive Brandon, MS 39047	Secretary



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, do hereby certify:

That on the 27th day of February, 1989, the State of Mississippi issued a Charter/Certificate of Authority to:

AUTOMATION DESIGNS & SOLUTIONS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said AUTOMATION DESIGNS & SOLUTIONS, INC. is in good standing at this time.

Given under my hand and seal of office
the 7th day of August, 2019

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN19069846

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>