# F2000000050

(Re	questor's Name)	·····
DĀ)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies Certificates of Status		Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

	egistration Section ivision of Corpora				
SUBJEC	T: MILLER IND	USTRIES INC.			
		Name of corporation	on - must	include suffix	
Dear Sir o	r Madam:				
"Certifica	te of Existence," (	by Foreign Corporation for or "Certificate of Good Storporation to transact busing	anding" a	nd check are subm	
Please ret	urn all correspond	lence concerning this mat	ter to the	following:	
E. Clyde M	filler				
		Name o	f Person		
Miller Indu	ıstries Inc.				
		Firm/Co	mpany		
17 N. Satu	m Ave., Clearwater	, FL 33755			
		Add	iress		-
Morgantov	vn, WV 26505				
		City/State	and Zip	code	
todd.linger	@yahoo.com				
		E-mail address: (to be use	d for futu	re annual report no	tification)
For furthe	r information con	cerning this matter, pleas	e call:		
Todd Ling	er	at (304	չ 657-	2860	
N	Name of Person	Area Co	ode	Daytime Telepho	one Number
R D C 2	TREET/COURI egistration Section vivision of Corpor lifton Building 661 Executive Ce allahassee, FL 32	n ations nter Circle		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations
Enclosed	is a check for the	following amount:			
\$70.00	) Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & fied Copy	S87.50 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. Miller Industries Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")
Miller Industries Inc. Chem-Dry Clearwter/Largo/Newport/Richie
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
. 1177
WV 3. 20-2276936  (State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date of incorporation)  5. (Date of duration, if other than perpetual)
(Date of incorporation) (Date of duration, if other than perpetual)
. 11/4/13
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
17 N. Saturn Ave., Clearwater, FL 33755
(Principal office address)
<u>≅</u> e: 8
(Current mailing address, if different)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Elmer Clyol Milw  Office Address: TN. SALM AN  Clear UA (City) (Zip code)
Office Address: 17 N. SALM AN
Clearus for Fl 3375, Florida
(City) (Zip code)
). Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of n
luties, 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:
Was Chairman
Vice Chairman:
Address:
Director:
Director:
Address:
Director:
Address:
B. OFFICERS
President: E. Clvde Miller
Address: 17 N. Saturn Ave
Clearwater, FL 33755
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. E. Clyde Miller



# STATE OF WEST VIRGINIA State Tax Department, Taxpayer Services Division P.O. Box 885 Charleston, WV 25323-0885



Dale W. Steager, State Tax Commissioner

MILLER INDUSTRIES INC 17 N SATURN AVE CLEARWATER FL 33755-6230 Letter ld: L071 Issued: 11

### L0711911360 11/06/2019

### West Virginia State Tax Department

#### Statement of Good Standing

EFFECTIVE DATE: November 6, 2019

A review of tax accounts indicates that MILLER INDUSTRIES INC is in good standing as of the effective date of this document. Please note, this Statement of Good Standing expires on February 4, 2020.

The issuance of this Statement of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely.

Micola Grant

Nicole Grant, Tax Unit Supervisor Taxpayer Services Division

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