

45

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/28/2020

****WALK IN****

ENTITY NAME GULF PRIDE ENTERPRISES, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

FILED
2020 JAN 28 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 70

ACCOUNT #: 120160000072

E B J

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: GULF PRIDE ENTERPRISES, INC.
Ref. Number: W20000008572

CORRECTED
Please Allow For
Same File Date

We have received your document for GULF PRIDE ENTERPRISES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable. ✓

The registered agent must sign accepting the designation. ✓

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: 920A00002065

2020 JAN 30 11 04 45

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. Gulf Pride Enterprises, 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 3. 64-0596448
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/2/76 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/24/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 308 Oak St. Biloxi, MS 39530
(Principal office street address)

P.O. Box 355 Biloxi, MS 39533
(Current mailing address, if different)

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

Name: Sunshine State Corporate Compliance Co.

Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(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.

[Signature]
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

☐ Chairman Name: Wally Gollott
☐ Vice Chairman Address: 308 Oak St.
☐ Director Biloxi, MS 39530
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Leslie Gollott
☐ Vice Chairman Address: 308 Oak St.
☐ Director Biloxi, MS 39530
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Accounts Payable mgr. ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ann Gary
☐ Vice Chairman Address: 308 Oak St.
☐ Director Biloxi, MS 39530
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michelle Barry
☐ Vice Chairman Address: 308 Oak St.
☐ Director Biloxi, MS 39530
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Office Manager ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Wally Gollott
 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. Wally Gollott
 (Typed or printed name and capacity of person signing application)

FILED
 2020 JAN 28 PM 4:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Michael Watson
SECRETARY OF STATE

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 2nd day of December, 1976, the State of Mississippi issued a Charter/
Certificate of Authority to:

GULF PRIDE ENTERPRISES, 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 GULF PRIDE ENTERPRISES, INC. is in good standing at this time.

Given under my hand and seal of office
the 29th day of January, 2020

Michael Watson

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 28 PM 4:42

FILED

Certificate Number: CN20076596

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