12000001472

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W2000026801

Office Use Only



000340924030

03/20/20 -01006--00. **4015.00

02/24/20--01032--003 **70.00

T GLASS MAR 2 0 2020



March 12, 2020

CINDY KEENUM 1401 GEORGIA ROAD IRONDALE, AL 35210 US

SUBJECT: JIM HOUSE AND ASSOCIATES, INC.

Ref. Number: W20000026801

We have received your document for JIM HOUSE AND ASSOCIATES, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$4,015.00.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 620A00005534

www.sunbiz.org

DO DOM COOR WILL DI 11 COOR

COVER LETTER

TO:	O: Registration Section Division of Corporations							
SUBJE	ECT:	JIM HOUSE AND ASSSOCI	ATES, INC.					
Name of corporation - must include suffix								
Dear Si	r or M	adam:						
"Certifi	cate of	"Application by Foreign Co 'Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ling" and check are sub-				
Please r	eturn a	all correspondence concerni	ng this matter t	to the following:				
CINDY	KEEN	UM						
			Name of P	erson				
лм но	USE A	ND ASSOCIATES, INC.						
		*	Firm/Comp	pany				
P.O. BO	X 1019	957 - 1401 GEORGIA ROAD						
			Addres	SS				
IROND	ALE, A	.L 35210						
			City/State an	d Zip code	· · · · · · · · · · · · · · · · · · ·			
CINDYI	К@ЛМ	IHOUSE.COM						
		E-mail address	: (to be used fe	or future annual report n	otification)			
For furt	her inf	ormation concerning this m	atter, please ca	ill:				
CINDY	KEEN	UM	at (592-6302				
Name of Person			Area Code		none Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	iake ch	check for the following amo eck payable to: FLORIDA DF ng Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATION,"		
mc., co., c	sip. τις, (co. or 5.0ip.)			
(If name unavail-	ikla in Elarida, antar alternata carporata nama	adopted for the purpose of transacting business in Florida)		
	•			
2. AL	3.	(FEI number, if applicable)		
		(FBI number, if applicable) (Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6 1-1-1994				
0,		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 1401 GEORGIA I	ROAD IRONDALE AL 35210			
	(Principal off	ice <u>street</u> address)		
P.O.BOX 101957	TRONDALE AL 35210			
	(Current maili	ng address, if different)		
8. Name and stree	t address of Florida registered agent: (P.6	D. Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc.			
	70 . 400 000			
Office Address:	1901 4-5+ 11 Ste3	20_		
	7901 4th St N Ste3 St. Petersburg (City)	Florida 33702		
	(City)	(Zip code)		
9. Registered age	ent's accentance			
		ice of process for the above stated corporation at the place		
designated in this	application, I hereby accept the appoint	nent as registered agent and agree to act in this capacity. I		
	omply with the provisions of all statutes t with and accept the obligations of my po	elative to the proper and complete performance of my duties sition as registered agent.		
	D. Y			
	Ble Name			
	(Registered agent's s	ignature)		

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

under the law of which it is incorporated.

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

A. DIRECTORS		•		
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 1401 GEORGIA ROAD	□Vice Chairman	Address:	
Director	IRONDALE, AL 35210	□Director		
■ President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		Other
□Chairman □Vice Chairman □Director	JAMES HOUSE Name:1401 GEORGIA ROAD Address:	□Chairman □Vice Chairman □Director	Address:	
□President		□President	-11	
■ Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Vice Chairman □ Director	Name:Address:	□Chairman □Vice Chairman □Director		
□ President		□ President		
☐ Secretary	□Treasurer	□Vice President □Secretary		☐Treasurer
□Other	Other	□Other		□Other
The officer or direct she is aware that fas,817,155, F.S.	ctor signing this document (and who is listed in a document to the L	partment of State Annual Resector or Officer umber 11 above) affirms th	eport form. at the facts stat	ed herein are true and that he or
	(Typed or printed name and capacity of	person signing application)	

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 Jim House & Associates, Inc. was formed in Jefferson County, Alabama on January 2, 1986. The Alabama Entity Identification number for this entity is 107-946. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200217000014432

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.

02/17/2020

Date

X.W. Menill

John H. Merrill

Secretary of State