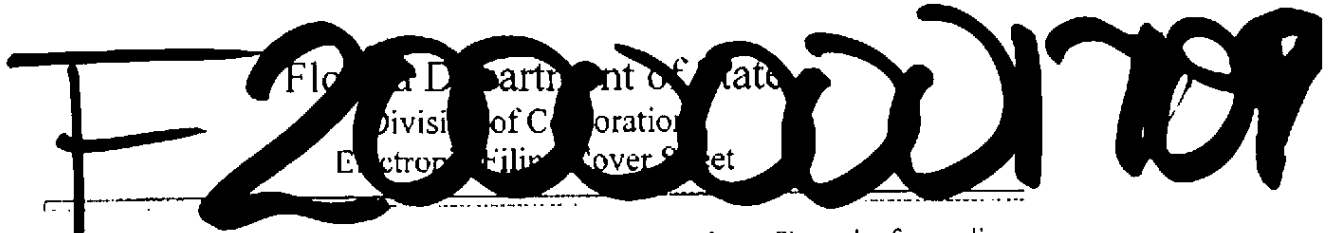


Division of Corporations

Page 1 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : API PROCESSING
Account Number : I20110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

2020 APR -7 11:14:25

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kelly@apiprocessing.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Allison Companies, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

2020 APR -7 PM 2:56

APR 08 2020

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Page 2 of 4

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.

Allison Companies, Inc.

1. _____
(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. Tennessee 3. 62-1375621
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 29, 1988 5. Perpetual
(Date of incorporation) (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. 603 North Main Street, Goodlettsville, TN 37072
(Principal office street address)
603 North Main Street, Goodlettsville, TN 37072
(Current mailing address, if different)

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

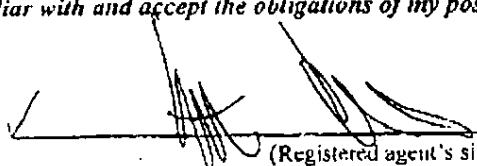
Name: Steve Shoulders

Office Address: 401 Raven Lane

Panama City, Florida 32404
(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.


(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):

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A. DIRECTORS

☐ Chairman Name: Mark Allison
☐ Vice Chairman Address: 603 North Main Street
 Goodlettsville, TN 37072
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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

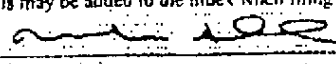
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ 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. 
 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. Mark Allison, President
 (Typed or printed name and capacity of person signing application)

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Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MARK ALLISON
603 NORTH MAIN STREET
GOODLETTSVILLE, TN 37072

April 6, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0358002

Issuance Date: 04/05/2020
Copies Requested: 1

Document Receipt

Receipt #: 005488330

Filing Fee: \$20.00
\$20.00

Payment-Credit Card - State Payment Center - CC #: 3779232301

Regarding: ALLISON COMPANIES, INC.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 12/29/1988

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 210863

Date Formed: 12/29/1988

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ALLISON COMPANIES, INC.

- is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- has filed the most recent annual report required with this office;
- has appointed a registered agent and registered office in this State;
- has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

Processed By: Cert Web User

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