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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
SOUTHERN UTILITY RESOURCES**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE
JANUARY 2020

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN UTILITY RESOURCES
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team
Firm/Company

515 East Park Avenue 2nd Fl
Address

Tallahassee, FL 32301
City/State and Zip Code

southernutilityres@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (855) 498 - 5500
Area Code Daytime Telephone Number

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. SOUTHERN UTILITY RESOURCES

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

SOUTHERN UTILITY RESOURCES, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. 84-2116312
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/28/2019 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2953 Bienville Blvd #285, Ocean Springs, MS 39564
(Principal office street address)

(Current mailing address, if different)

8. To improve utility infrastructure in the Southeastern U.S. and educate communities on water conservation and natural gas safety.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Fl

Tallahassee, Florida 32301
(City) (Zip Code)

10. 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.

Leigh Johnson

Leigh Johnson, Asst. Secretary on behalf
Capitol Corporate Services, Inc.

(Registered agent's signature)

11. 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.

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12. 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: Jimmie Smith
☐ Vice Chairman Address: 3404 12th Avenue
☒ Director Meridian, MS 39305
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Carroll Clifford
☐ Vice Chairman Address: 2624 Blackfoot Road
☒ Director Van Cleave, MS 39564
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Larry Benefield
☐ Vice Chairman Address: 14771 S Countrywood Dr.
☒ Director Gulfport, MS 39503
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jimmie Smith
☐ Vice Chairman Address: 3404 12th Avenue
☐ Director Meridian, MS 39305
☒ 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: _____

NOTE: 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.

13. Jimmie Smith
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jimmie Smith, President
 (Typed or printed name and capacity of person signing application)

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

FILED



Michae
SECRETARY

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

That on the 28th day of May, 2019, the State of Charter/ Certificate of Authority to:

SOUTHERN UTILITY RESOURCES

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

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

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

That insofar as the records of this office are of Southern Utility Resources is in good standing at this time.

Given under of office
the 22nd day

Certificate Number: CN20083438

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