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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H200002174843ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 GATOR MILLWORKS INC.

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

<u>'JUL</u>

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Corporate Filing Menu

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COVER LETTER •

TO: Registration Section Division of Corporations					
SUBJECT: Gator Millworks, Inc.					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concern	ing this matter to	the following:			
Jennifer M. Henry					
	Name of Pe	rson			
Gator Millworks, Inc					
	Firm/Compa	ıny			
8576 Florida Blvd.	<u> </u>				
	Address	3			
Denham Springs, Louisiana 70726					
	City/State and	Zip code			
jenniferhenry@gatormillworks.com					
E-mail addres	s: (to be used for	future annual report notif	ication)		
For further information concerning this matter, please call:					
Jennifer M. Henry	at (225) 667-7758 Daytime Telephone			
Name of Person	Area Code	Daytime Telephone	e Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee Certificate of Status Certified Copy S78.75 Filing Fee & Certified Copy Certificate of Status & Certified Copy					

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

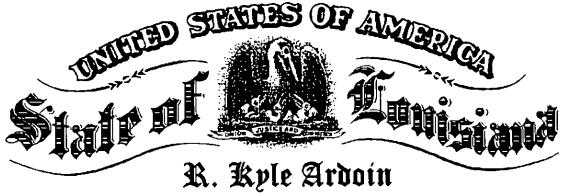
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

_	s, inc.			
	corporation; must include "INCORPOR corp," "Inc." "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corpora	te name adopted for the purpose of transacting business in Florida)		
Louisiana		3. 72-1416939 (FEI number, if applicable)		
04/04/1009	ry under the law of which it is incorpor			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
n∕a				
	(SEE SECTIONS 607.1501 &	asiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)		
8576 Florida Blv	d., Denham Springs LA 70726			
	(Princ	cipal office street address)		
	(Сите	nt mailing address, if different)		
Name and stre	(Curren	nt: (P.O. Box <u>NOT</u> acceptable)		
		nt: (P.O. Box <u>NOT</u> acceptable)		
Name:	et address of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable)		
Name:	et address of Florida registered age Capitol Corporate Services, Inc.	nt: (P.O. Box NOT acceptable) Florida 32301		
Name:	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2	nt: (P.O. Box NOT acceptable) Florida 32301		
Name: ffice Address:	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City)	nt: (P.O. Box NOT acceptable) Florida 32301		
Name: ffice Address: Registered ag	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City)	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code)		
Name: ffice Address: Registered ag	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City) gent's acceptance: med as registered agent and to accept an application. I hereby accept the a	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) ept service of process for the above stated corporation at the plant appointment as registered agent and agree to act in this capacit		
Name: ffice Address: Registered againg been namesignated in this orther agree to a	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the accomply with the provisions of all st	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) ept service of process for the above stated corporation at the plant appointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my the service of the proper and complete performance of the per		
Name: office Address: Registered aguard been names ignated in this arther agree to designee the designee to designee the designee to designee the d	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City) gent's acceptance: med as registered agent and to accept an application. I hereby accept the a	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) ept service of process for the above stated corporation at the plant appointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my the service of the proper and complete performance of the per		
Name: office Address: Registered aguard been names ignated in this arther agree to designee the designee to designee the designee to designee the d	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City) gent's acceptance: med as registered agent and to accept the acceptly with the provisions of all star with and accept the obligations of	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) ept service of process for the above stated corporation at the plant appointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my the first my position as registered agent.		
Name: office Address: Registered aguard been names ignated in this arther agree to designee the designee to designee the designee to designee the d	Capitol Corporate Services, Inc. 515 E. Park Ave., Floor 2 Tallahassee (City) gent's acceptance: med as registered agent and to accept application, I hereby accept the accomply with the provisions of all st	nt: (P.O. Box NOT acceptable) , Florida 32301 (Zip code) ept service of process for the above stated corporation at the plant appointment as registered agent and agree to act in this capacitatutes relative to the proper and complete performance of my the service of the proper and complete performance of the per		

^{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.

Taylor Seay 8004323622

A. DIRECTORS							
□ Chairman	Chad W. Foster Name:	□ Chairman	n/a Name:	****			
□Viœ Chairman	8576 Florida Blvd. Address:	□Vice Chairman	Address:				
☐ Director	Denham Springs, LA 70726	Director					
President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary		☐Treasurer			
Other	□Other	Other		□ Other			
□ Chairman	n/a Name:	□ Chairman	n/a Name:				
	Address:	□ Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
Secretary	Treasurer	Secretary		☐Treasurer			
□Other	Other	□ Other		□Other			
□Chairman	n/a Name:	□ Chairman	n/a Name:				
	Address:	∐Vice Chairman	•				
☐Director		Director					
□President		President					
□Vice President		☐ Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other	□ Other	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 o	- () 0 00-e-					
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 6.817.155, F.S.							
13. Chad W. Foster CEO/President							
(Typed or printed name and capacity of person signing application)							



SECRETARY OF STATE

As Secretary of States of the State of Louisiana I do hereby Certify that

GATOR MILLWORKS, INC.

A corporation domiciled in DENHAM SPRINGS, LOUISIANA,

Filed charter and qualified to do business in this State on May 04, 1998,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 9, 2020

R 12fe 162. Sociolary of State

Web 34634500D



Certificate ID: 11234503#HHH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov