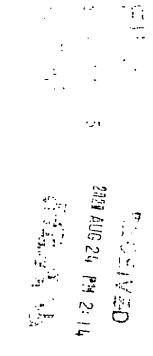
F2000003689

(Re	questor's Name)	- ·
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
 <u>-</u> -		





700350687517





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 341144 8312805

****RESUBMIT***

AUTHORIZATION : SAME COMME

COST LIMIT \$-87.50

ORDER DATE : July 1, 2020

ORDER TIME : 11:43 AM

ORDER NO. : 341144-005

CUSTOMER NO: 8312805

FOREIGN FILINGS

NAME: SOUTHEAST CONTENTS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

-XX- CERTIFIED COPY PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:		tration Section on of Corporations					
SUBJI	FCT.	Southeast Contents, Inc.					
0000		Name o	of corporation	ı - musi	include suffix		
Dear Si	r or M	adam:					
"Certifi	icate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr	of Good Star	iding" a	and check are submi		
Please i	return a	all correspondence concerni	ng this matter	r to the	following:		. 120
Jennifer	r Ander	son				-	
			Name of	Person	-		
Southea	st Cons	struction & Restoration, Inc.					• =
			Firm/Con	npany	•		
1168 Pa	irk Ave					, Ž	et.
			Addre	ess			
Murfree	sboro,	TN 37129					
		<u> </u>	City/State a	nd Zip	code		
custome	erservic	e@scartn.com					
		E-mail address	: (to be used t	for futu	re annual report noti	fication)	
For furt	her inf	ormation concerning this ma	atter, please c	all:			
Stephen Anderson at (615 785-3696		-3696					
	Name	of Person	Area Cod	e	Daytime Telephor	ne Number	•
	Regist Divisi The C 2415 i	ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	
	ake che	theck for the following amorek payable to: FLORIDA DE ag Fee	PARTMENT g Fee &	\$78.7		■ \$87.50 Filing Certificate of Certified Co	of Status &

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.

"Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp." "Inc," "Co," or "Corp.")			
Southeast Const	ruction & Restoration, Inc.			
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting b	ousiness i	n Florida	<u>a)</u>
Tennessee	3. 45-4434554			,
(State or country	y under the law of which it is incorporated) (FEI number, if applie	cable)		
2/10/2012				
(Date	of incorporation) 5. (Date of duration, if other than	n perpetu	al)	
06/19/2020		항		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		φ. 1.	
1168 Park Ave 🔐	MURFREESBORO, TN 37129			
SAME	(Principal office street address)			 .
	(Current mailing address, if different)	===		-
	(Current mailing address. if different)	7	1.7 121	_
	(Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable)	2		_
		PI IX		_
Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)) N		_
Name and street Name:	address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street	191.1A		-
Name and <u>street</u> Name: fice Address:	Corporation Service Company 1201 Hays Street Tallahassee , Florida 32301 (City) (Zip code)			_ `
Name and street Name: fice Address: Registered agen wing been name ignated in this a ther agree to co I I am familiar v	Corporation Service Company 1201 Hays Street Tallahassee (City) (C	a act he	on at the	anien

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

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

A. DIRECTORS Stephen Anderson Paul Dixon □ Chairman □ Chairman ☐ Vice Chairman Address: ☐ Vice Chairman Address: 1115 Houston Dr. 2228 Dobbins Pike □ Director □ Director Murfreesboro, TN 37130 Portland, TN 37148 President □President □Vice President ■ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ ☐ Other _____ □Other _____ Jennifer Anderson □Chairman □Chairman Name: □Vice Chairman Address: ___ Address: ___ □ Vice Chairman 1115 Houston Dr. □ Director □Director Murfreesboro, TN 37130 □President □President □ Vice President ☐ Vice President □Treasurer ■ Secretary □ Treasurer □ Secretary □Other _____ ☐ Other ______ Other □Other. □ Chairman Name: _____ □Chairman Name: ______ □Vice Chairman Address: _____ □Vice Chairman Address: □ 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. 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. ___ Stephen Anderson, President



Division of Business Services Department of State

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

SHARON CENTER WALLS

SHARON CENTER WALLS 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0371409

Issuance Date: 07/02/2020 Copies Requested:

July 2, 2020

Receipt #: 005641445

Payment-Credit Card - State Payment Center - CC #: 3784846424

Filing Fee:

\$20.00 \$20.00

Regarding:

SOUTHEAST CONTENTS, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 07/05/2012

Status:

Active

Duration Term:

Perpetual

Business County: RUTHERFORD COUNTY

Control #:

690217

Date Formed:

07/05/2012 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

Document Receipt

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

SOUTHEAST CONTENTS, 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.

Secretary of State

Processed By: Cert Web User Verification #: 040435626