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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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5/1/8/20

COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	Morgan & Morgan Transpor	tation Inc		
30baner.	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of		e of Good Stanc	Authorization to Transact Business i ling" and check are submitted to reg s in Florida.	
Please return	all correspondence concern	ing this matter	to the following:	
Bill Kincaid				
		Name of F	Person	
BS Bookkeepii	ng Inc			
_		Firm/Comp	pany	
PO Box 100				
		Addre	SS	
La Follette, TN	‡ 37766			
		City/State an	d Zip code	
wikepa@bellso				~1
	E-mail addres	s: (to be used fo	or future annual report notification)	3070 ; 11.5 3 1
For further information concerning this matter, please call:				
Bill Kincaid		at (423	562-8734	
Name	e of Person	Area Code	Daytime Telephone Number	er ==
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am teck payable to: FLORIDA D ing Fee	EPARTMENT ng Fee &	\$78.75 Filing Fee & \$87.50 Certified Copy Certif	D Filing Fee, icate of Status & ied 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.

(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	
(If name unavaile	able in Florida, enter alternate corporate na	ıme a	idopted for the purpose of transacting bus	iness in Florida
Tennessee		3	3 27-3059124	
(State or country under the law of which it is incorporate				
(Date of incorporation)			(Date of duration, if other than perpetual)	
297 Hopper Circl	e Speedwell, TN 37870		02, F.S., to determine penalty liability) ee street address)	
	(Current m	ailin	g address, if different)	7,070
Name and street	et address of Florida registered agent:	(P.C	. Box NOT acceptable)	2020 51 13
Name:	Jeff Morgan			
Office Address:	112 John King Lane			图 9
	Crestview		. Florida <u>32539</u>	9: f0
	(City)		(Zip code)	رے

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.

A. DIRECTORS Jeff Morgan □Chairman □Chairman Name: 112 John King Lane □Vice Chairman Address: 🔝 □Vice Chairman Address: Crestview, FL 32539 □ Director □Director President □ President □Vice President ☐ Vice President □Treasurer □ Secretary ☐ Secretary ☐ Treasurer □ Other _____ □Other _____ □Other _____ □Other _____ Brenda Morgan □ Chairman ☐ Chairman Name: □Vice Chairman Address: 297 Hopper Circle □Vice Chairman Address: Speedwell, TN 37870 Director □ Director □ President □President ■ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Other _____ Name: ____ Name: _____ □Chairman □ Chairman □ Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President ____ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □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

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 o 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.

... Jeff Morgan president



Division of Business Services Department of State

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

JEFF MORGAN

297 HOPPER CIRCLE SPEEDWELL, TN 37870 August 26, 2020

Request Type: Certificate of Existence/Authorization

0378977

Issuance Date: 08/26/2020

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 005747906

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3787974420

\$20.00

Regarding:

Request #:

Morgan & Morgan Transportation, Inc.

Filing Type:

For-profit Corporation - Domestic

Control #:

638389

Formation/Qualification Date: 08/20/2010

Date Formed:

08/20/2010

Status:

Active

Formation Locale: TENNESSEE

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Duration Term:

Perpetual

Inactive Date:

Business County: CLAIBORNE COUNTY

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

Morgan & Morgan Transportation, 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 dissoīūtion has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 041373937