# F20000004410

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2820 SEP 28 PM 2: 3

US 10/1/20

#### **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	Jack L Daniel Inc			
	Name o	f corporation	- must include suffix	
Dear Sir or M	adam:			
	iness in Florida," I to register the  SECREP 28			
T 1 T 5		Name of	Person	14. A
Jack L Daniel I	Inc			PH C
145 Executive	Parkway	Firm/Com	pany	2: 37 TAFE ORIDA
		Addre	ess	
Milledgeville (	Ga 31061			
		City/State a	nd Zip code	
farrar@cbaga.c				
	E-mail address:	to be used f	or future annual report notific	ation)
For further in	formation concerning this ma	atter, please c	eall:	
Jody Bellflowe	cr.	at (	452-5586	
Nam	e of Person	Area Cod	e Daytime Telephone	Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations
	check for the following amo leck payable to: FLORIDA DE ing Fee S78.75 Filing Certificate o	EPARTMENT g Fee & C	_	\$87.50 Filing Fee, 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.

	ole in Florida, enter alternate corporate nam			
Georgia	under the law of which it is incorporated)	3. \frac{58-1336044 ( prior fla)  H808330(ga)}{(FEI number, if applicable)}		
8-22-78				
	of incorporation) 5	(Date of duration, if other than		
(Date)	of meorporation)	(Date of duration, if other than	i perpetuar)	
i			<u> 24 8 8 </u>	
145 Executive Par	(Date first transacted business (SEE SECTIONS 607.1501 & 607. (Way - Miledgewille GA	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 310(6)	SEP 28	
PO Box 579	(Principal of	ffice <u>street</u> address)	PH 2	
		ing address, if different)	2: 37 S'AFE DRIDA	
. Name and street	address of Florida registered agent: (P	O. Box NOT acceptable)		
Name:	Registered Agents, Inc			
Office Address:	7901 4th St N, Ste 300			
	St Petersburg	. Florida 33702		
	(City)	, Florida <u>33702</u> (Zip code)		
lesignated in this a urther agree to co	nt's acceptance: If a registered agent and to accept ser Application, I hereby accept the appoin Inply with the provisions of all statutes With and accept the obligations of my p	tment as registered agent and agree to relative to the proper and complete p	o act in this capacity.	

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]:

A. DIRECTORS					
□Chairman	Name: I45 Executive Parkway  Address: Milledgeville		□Chairman □Vice Chairman □Director	Name: Farrar Davis  Name: 145 Executive Parkway  Address: Milledgeville	
□ Vice Chairman					
☐ Director					
■ President	GA		resident	GA	
□Vice President	31061	<b>a</b> \	/ice President	31061	
□ Secretary	□Treasurer		ecretary		☐Treasurer
Other	Other		Other		Other
□ Chairman □ Vice Chairman □ Director	Name: Sally Brown  145 Executive Pa  Address: Milledgeville	rkway 🔲	Chairman /ice Chairman		120 121
President	Ga		-		SP P
□Vice President	31061		resident Vice President		SSEE.F
Secretary	<b>■</b> Treasurer		ecretary		E C Treasuler
Other	Other		Other		37 DOOther
□ Chairman	Name:		Chairman	Name:	
□Vice Chairman	Address:		/ice Chairman	Address: _	
Director		Or	Director		
□President		DF	resident		
□Vice President			/ice President		
☐ Secretary	□Treasurer		ecretary		Treasurer
Other	Other		Other		Other
12The officer or dire	ctor signing this document (and	your Florida Department of Signature of Director or Offi who is listed in number 11 a	State Annual Received	eport form.	tated herein are true and that he or
s.817.155, F.S. Jody Bellflor	alse information submitted in a d	ocument to the Department	or State constitu	ites a third de	gree felony as provided for in

Control Number: H808330

### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JACK L. DANIEL, INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on thebelow date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date; squed it does not certify whether or not a notice of intent to dissolve, an application for withdrawal a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19621722 Date Inc/Auth/Filed: 08/22/1978 Jurisdiction : Georgia Print Date : 09/24/2020

Form Number : 211



Brad Rafforsperger

**Brad Raffensperger Secretary of State**