

1/15/2021

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Blossman Services, Inc.**

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## 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.*

Blossman Services, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

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

4. 02/13/1985 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 809 Washington Ave., Ocean Springs, MS 39564  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 33324  
(City) , Florida (Zip code)

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.*

C T Corporation System

By: Denise Bell Denise Bell, Assistant Secretary  
(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.

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**Chairman: Stuart E. WeidieAddress: 809 Washington Ave.Ocean Springs, MS 39564Vice Chairman: David M. ReynoldsAddress: 809 Washington Ave.Ocean Springs, MS 39564Director: Todd M. ReinkleAddress: 809 Washington Ave.Ocean Springs, MS 39564Director: Frank J. ParentAddress: 809 Washington Ave.Ocean Springs, MS 39564**B. OFFICERS**President: Stuart E. WeidieAddress: 809 Washington Ave.Ocean Springs, MS 39564Vice President: David M. ReynoldsAddress: 809 Washington Ave.Ocean Springs, MS 39564Secretary: Todd M. ReinkeAddress: 809 Washington Ave. Ocean Springs, MS 39564Treasurer: Frank J. ParentAddress: 809 Washington Ave. Ocean Springs, MS 39564**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. 

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. Todd M. Reinke / VP, Administration and Secretary

(Typed or printed name and capacity of person signing application)



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

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

That on the 13th day of February, 1985, the State of Mississippi issued a Charter/Certificate of Authority to:

**BLOSSMAN SERVICES, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

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

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

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

That insofar as the records of this office are concerned, the said Blossman Services, Inc. is in good standing at this time.

Given under my hand and seal of office  
the 15th day of January, 2021

Certificate Number: CN21100802

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>