# F21000000603

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Coning Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

4, 1,

	4			•	•
_	stration Section sion of Corporations				
SUBJECT:	Sanders Supply, Inc.				
	Name of corpor	ation - must	t include suffix		
Dear Sir or N	1adam:				
"Certificate of	"Application by Foreign Corporation of Existence," or "Certificate of Good need foreign corporation to transact by	Standing"	and check are submi		
Please return	all correspondence concerning this m	natter to the	following:		
Todd F Shive	•				
	Nam	ne of Person			
Sanders Supp	y, Inc.				
	Firm	/Company			
P. O. Box 154	5				
		Address	<del></del>		
Hot Springs, A	AR 71902				
	City/St	ate and Zip	code		
tshiver@sand	erssupply.net				, <u>-</u>
	E-mail address: (to be u	ised for futu	re annual report not	ification)	50
For further in	oformation concerning this matter, ple	ase call:			<b>(</b> .
Todd F Shive	501 at (		-9511 x113		::- 
Nan	ne of Person Area	Code	Daytime Telepho	ne Number	-
Regi Divis The 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	
	check for the following amount: heck payable to: FLORIDA DEPARTM ling Fee	□ <b>\$</b> 78.7		\$87.50 Filia Certificate Certified C	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.

Sanders Supply,			
(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Sanders (If name unavaila	Supply FL Inc. ble in Florida, enter alternate corporate name adop	oted for the purpose of transacting bus	iness in Florida)
Arkansas	3. 71-	0426080 (FEI number, if applical	
(State or country	y under the law of which it is incorporated) 3. 71-	(FEI number, if applical	ble)
January 3, 1972	5.		
(Date	of incorporation) 5.	(Date of duration, if other than p	perpetual)
December 1, 202	20		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration) F.S., to determine penalty liability)	
107 E Belding, Ho	ot Springs, AR 71901	<del>_</del>	
	(Principal office s	treet address)	
P. O. Box 1545, I	Hot Springs, AR 71902		
	(Current mailing ac	ddress, if different)	
Name and stree	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	
Name:	Corporation Company of Orlando C56H)		24.4
Name.	300 South Orange Avenue, Suite 1600	<del>_</del>	<i>c</i>
ffice Address:		<del>-</del>	
	Orlando	, Florida 32801	( )
	(City)	(Zip code)	<del>:</del>
D	414		177
. Kegistered age	ent's acceptance: led as registered agent and to accept service i	of process for the above stated col	rporation at the pla
esignated in this urther agree to c	application, I hereby accept the appointmen omply with the provisions of all statutes rela	it as registered agent and agree to tive to the proper and complete pe	act in this capaci
na i am Jamiliar	with and accept the obligations of my positi	on as registeren agena	
	- Muen In	lines 11. P.	
<del>-</del> -	Registered agent's signa	ature)	-
_	Registered agent's signa	lenes Vi Pi	-

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	·	,		
Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 38 Stonegate Shores Drive	
□Director	Hot Springs, AR 71913	□Director	Hot Springs, AR 71913	
□President		President		
□Vice President		□Vice President	<del></del>	
Secretary	□Treasurer	Secretary	□Treasurer	
□Other	Other	Other	□Other	
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name: Charlotte W Sanders  110 Gene Bell Cove  Address: Hot Springs, AR 71913	
□President		□President		
■ Vice President		□Vice President		
Secretary	□Treasurer	Secretary	<b>□</b> Treasurer	
Other	Other	Other	□Other	
□ Chairman		□Chairman	7	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
			( )	
Director		Director	:	
☐ Director ☐ President			:-	
		□Director	;- 	
President		☐ Director ☐ President	; ;-	
□ President □ Vice President	□Treasurer	☐ Director ☐ President ☐ Vice President	: :- :- :- :- :- :- :- :- :- :- :- :- :-	
□ President □ Vice President □ Secretary □ Other  Important Notice: Individuals may be 12. □ Use President	□Treasurer	☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other  achment will be image tent of State Annual Resort Officer	☐Treasurer ☐Other  d for reporting purposes only. Non-indexed eport form.	

s.817.155, F.S.

### STATE OF ARKANSAS



#### **CERTIFICATE OF EXISTENCE**

I, John Thurston, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

#### SANDERS SUPPLY, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed a Articles of Incorporation in this office January 3, 1972.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

I certify this entity has not filed articles of dissolution with this office.

2021 J.7.1 28 Pir

In Testimony Whereof, I have hereunto set-my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of October, 2020.

John Thurston

John Thurston

Arkansas Secretary of State

By: Johnson McClepdon





January 11, 2021

TODD F SHIVER P O BOX 1545 HOT SPRINGS, AR 71902 US

SUBJECT: SANDERS SUPPLY, INC.

Ref. Number: W21000002886

We have received your document for SANDERS SUPPLY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F20000005024.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 121A00000623

RECEIVED