# F2100002633

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corpor				
SUBJ	ECT: Arneo Inc				
5017		Name of corp	poration -	must include suffix	
Dear S	ir or Madam:				
"Certif		or "Certificate of Go	od Standi	ng" and check are sub	et Business in Florida," mitted to register the
Please	return all correspond	lence concerning this	s matter to	the following:	
Christii	na Pettys				
		N	ame of Pe	rson	
Arneo.	Ine dba Carter Pecan				
		Fi	m/Compa	ıny	
428 Th	omas Drive				
			Address	;	
Panama	City Beach, FL 3240	₹			~1
		City	/State and	Zip code	
chris@	carterpecan.com				
		E-mail address: (to b	e used for	future annual report r	notification)
For fur	ther information con	cerning this matter.	please cal	1:	
Christin	ia Pettys	85 at (	0	5961754	
·	Name of Person		rea Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r	ed is a check for the make check payable to: .00 Filing Fee		& 🗆 S	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

Arneo Inc				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"		
Arneo Inc of F		- A 1		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)	
2. AL	3 6	3. (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)			
4. 1981	5			
(Date	5	(Date of duration, if other than perpetual)		
6. 01/2021				
7.428 Thomas Driv	Panamacity BCh	street address)		
	(Current mailing	address, if different)		
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	· ,	
Name:	Christina Pettys	_		
Office Address:	428 Thomas Drive		٦	
	Panama City Beach	. Florida 32408		
	(City)	(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.

(Registered agent Aignature)

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	Jonathan Arn Name:	□Chairman	Name: June Arn					
□Vice Chairman	Address:	⊡Vice Chairman	Address:					
□Director	Panama City Beach, FL 32408	□Director	Brundidge, AL 36010					
■ President		□President						
□Vice President		■ Vice President						
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other	□ Other	□Other	□Other					
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chainnan	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□ Secretary	□Treasurer	□Secretary	□Treasurer					
□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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as proyided for in								

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 of 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. Jonathan Arn. President

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Arnco, Inc. was formed in Pike County, Alabama on April 1, 1981. The Alabama Entity Identification number for this entity is 081-828. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/22/2021

Date

J. W. Menill

John H. Merrill

Secretary of State