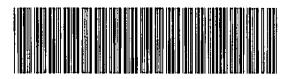
# F2100003806

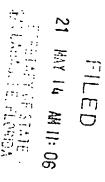
(Requestor's Name)				
(Address)				
(A	ddress)			
(Ci	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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# **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Jamieson Equipment Compan	y Inc.		
SUDJECT.	Name o	f corporation - m	nust include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Standin	g" and check are subn	Business in Florida," nitted to register the
Please return	all correspondence concernit	ng this matter to	the following:	
Delores Smith.	Office/Accounting Manager			
	_	Name of Per	son	<del></del>
Jamieson Equi	pment Company Inc.			
		Firm/Compar	ny	
5314 Palmero	Court			
		Address		
Buford, GA 30	0518			
		City/State and 2	Zip code	
delores@jamie	esonequipment.com			
•	E-mail address	: (to be used for t	uture annual report no	otification)
For further in	formation concerning this ma	atter, please call:		
Delores Smith		678 at ( )	Code Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Teleph	one 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 AE Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	check for the following amoneck payable to: FLORIDA DE ing Fee	EPARTMENT OF g Fee &  \qu	F STATE 78.75 Filing Fee & Fertified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



April 9, 2021

DELORES SMITH 5314 PALMERO CT BUFORD, GA 30518

SUBJECT: JAMIESON EQUIPMENT COMPANY INC.

Ref. Number: W21000048030

We have received your document for JAMIESON EQUIPMENT COMPANY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 121A00007419

RECEIVED
MAY 1 4 2021

### 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.

(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Flor		
Georgia, USA	58-1762685		
(State or country under the law of which it is incorporated)	3. (FEI number, if applicable)		
10.15.1987	5.		
(Date of incorporation)	5. (Date of duration, if other than perpetual)		
101:01:2020 active salespersoir living in state - sales tax coll	ection phor to 01.01.2020		
(SEE SECTIONS 607.1501 & 60°	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
(SEE SECTIONS 607.1501 & 607.1501			
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)		
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)		
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)  office street address)  iling address, if different)		
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)  office street address)  iling address, if different)		
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)  office street address)  iling address, if different)		
(SEE SECTIONS 607.1501 & 607.1501	7.1502, F.S., to determine penalty liability)  office street address)  iling address, if different)		

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						
□Chairman	Name: W.T. Jamieson, CEO	□Chairman	Name: Michael Jamieson			
□Vice Chairman	Address: 4370 Chatham View Drive	□Vice Chairman	Address: 591 Windhaven Court			
□Director	Buford, GA 30518	□Director	Suwance, GA 30024			
□President		President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	⊡Vice Chaiπnan	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
Chairman	Name:	□Chai <del>rm</del> an	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President	<del></del>	□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.  12. Signature of Director or Officer						
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 of						

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.

W.T. Jamieson, CEO

Control Number: J723719

# 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

### JAMIESON EQUIPMENT COMPANY, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 issued. 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 : 20443756
Date Inc/Auth/Filed: 10/15/1987
Jurisdiction : Georgia
Print Date : 03/11/2021
Form Number : 211



Brad Raffengerger

Brad Raffensperger Secretary of State