# F21000003400

(Req	uestor's Name)	
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# **COVER LETTER**

Division of Corporations			
SUBJECT: Food Services Inc. of C	iainesville		
	same of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ficate of Good Stand	ding" and check are submitted to r	s in Florida," register the
Please return all correspondence con	ncerning this matter	to the following:	
Debbie Hicks			
	Name of I	Person	····
Food Services Inc. of Gainesville			
	Firm/Com	pany	
621 Washington St, SW, Suite 7A			2021 JUN -8
	Addre	SS	
Gainesville, GA 30501			1-8 PH 12
	City/State an	id Zip code	
fsig@bellsouth.net			75
E-mail ac	Idress: (to be used fo	or future annual report notification	PH 12: 32
For further information concerning	this matter, please ca	ell:	•••
Debbie Hicks	770 at (	535-8865	
Name of Person	Area Code	Daytime Telephone Num	ber
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	DA DEPARTMENT	\$78.75 Filing Fee & S87. Certified Copy Cert	50 Filing Fee, ificate of Status & ified 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.

1	Inc. of Gainesville			
Lnter name of "inc.," "Co.," "	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	<del></del>	
	t, , , , , , , , , , , , , , , , , , ,			
(If name unavai	ilable in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	isiness in Florida)	
Georgia	3	3 58-1973509		
(State or count	try under the law of which it is incorporated)	(FEI number, if applica	able)	
February 14, 19	992			
(Dat	e of incorporation)	(Date of duration, if other than	perpetual)	
June 1, 2021				
-	(Date first transacted business in	Florida, if prior to registration)		
The Peof Pide (		02, F.S., to determine penalty liability)		
The Roct, Blug	90326, 313 Cody Ave., Hurlburt Field, FI. 3254			
	(Principal offic	e street address)	202	
····	(Current mailine	address, if different)	<u></u>	
	(Curent manny	g address, it different)		
. Name and stre	et address of Florida registered agent: (P.O.	Box NOT accentable)	<b>&amp;</b>	
	Consorcia Rosado	Mox (NOT deceptable)	PR	
Name:	-	*****	<b>图</b>	
	The Reef, Bldg 90326, 313 Cody Ave.		PM 12: 32	
ffice Address:			, ., . [A]	
office Address:	Hurlburt Field, FL	World 32544	γ; , <b>, ,</b>	
Office Address:	Hurlburt Field, FL (City)	, Florida 32544 (Zip code)	γ:	

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.

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				
<b>≡</b> Chairman	Don T James, Jr. Name:	ElChairman	Name:	
□Vice Chairman	Address: 621 Washington St, SW, Ste 7A	∐Vice Chairman	Address:	
ElDirector	Gainesville, GA 30501	[]Director		
□lPresident		[]President	<del></del>	
□Vice President		□Vice President	<del></del>	
□Secretary	C)Treasurer	☐ Secretary		[]Treasurer
□Other	Other	□Other	<del></del>	[]Other
□Chairman	Mark D Hurst	□Chairman	Name	
	621 Washington St, SW, Ste 7/	□Vice Chairman		
Director	Gainesville, GA 30501	Director		
□)President		ElPresident		
□Vice President		□Vice President		
□Secretary	☐Treasurer	☐ Secretary		Cl Treasurer
ElOther	ClOther	[]Other		ElOther _ <b>23</b>
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman		20 C
□Director	·	ElDirector	-	
∏President		ElPresident		で表 32 
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary		□Treasurer
☐Other		□Secretary		□Treasurer
☐Other	Jse an attachment to report more than six (6). The atta	□Other chment will be imaged ent of State Annual Re	d for reporting p	**DOther  ourposes only, Non-indexed
☐Other	Jse an attachment to report more than six (6). The atta	□Other chment will be imaged ent of State Annual Re	d for reporting p	**DOther  ourposes only, Non-indexed
☐Other	☐Other  Jse an attachment to report more than six (6). The atta	□Other chment will be imaged ent of State Annual Report Officer  r 11 above) affirms th	I for reporting p port form.	DOther ourposes only. Non-indexed
☐Other	Jse an attachment to report more than six (6). The atta added to the index when filing your Florida Department Signature of Director of tor signing this document (and who is listed in number list information submitted in a document to the Depart	ClOther chment will be image ent of State Annual Re or Officer r 11 above) affirms the ment of State constitu	I for reporting p port form. at the facts state tes a third degre	DOther ourposes only. Non-indexed

Control Number: K204053

# 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

### FOOD SERVICES, INC. OF GAINESVILLE

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 2099352
Date Inc/Auth/filled: 004/1992
Jurisdiction Googia
Print Date 0603/2021
Form Number 211
PM 232



Brad Raffensperger

Brad Raffensperger Secretary of State