(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(assumed and present)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2022 MAR -8 AM 11: 22

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 531060 7863214

AUTHORIZATION: Smelle le man

COST LIMIT : \$ 70.00

ORDER DATE: March 7, 2022

ORDER TIME : 5:42 PM

ORDER NO. : 531060-005

CUSTOMER NO: 7863214

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### FOREIGN FILINGS

NAME: THE HAMILTON-RYKER GROUP, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: The Hamilton-Ryker Grou	ip, Inc		
	····	ne of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Teate of Existence," or "Certificate of Existence," or "Certificate of the corporation to	ate of Good Stan	ding" and check are sub	ect Business in Florida," omitted to register the
Please	return all correspondence conce	rning this matter	to the following:	
Teresa	Barner			
		Name of	Person	
The Ha	milton-Ryker Group, Inc			
		Firm/Com	pany	
943 Ma	nin Street			
		Addre	?SS	
Martin,	TN 38237			
	· · · · · · · · · · · · · · · · · · ·	City/State ar	nd Zip code	
tbarner	@hamilton-ryker.com			
	E-mail addre	ess: (to be used f	or future annual report i	notification)
For fur	ther information concerning this	matter, please c	all:	
Teresa	ercsa Barner 731 587-3161 x 218			
	Name of Person	Area Code	Daytime Telep	hone Number
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	
Please n	ed is a check for the following an make check payable to: FLORIDA	DEPARTMENT		5
<b>■</b> \$/0.	00 Filing Fee	e of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 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.

"Inc.," "Co.,"	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unava	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	
I NI	_ 6	52-1859623	
(State or country under the law of which it is incorporated) 6-20-2001		(FEI number, if applicable)  (Date of duration, if other than perpetual)	
PO Box 1068, N	fartin, TN 38237		
PO Box 1068, N	fartin, TN 38237	ddress, if different)	
	fartin, TN 38237	lox NOT acceptable)	
Name and <u>stre</u> Name:	fartin, TN 38237 (Current mailing a cet address of Florida registered agent: (P.O. B	Sox NOT acceptable)	
Name and stre	(Current mailing a  ct address of Florida registered agent: (P.O. B  Corporation Service Company  1201 Hays Street  Tallahassee	lox NOT acceptable)	

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.

Corporation Service	<i>q</i> Company	
By: (lexuis	Weiland, assistant va president	
	(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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS Name: Kelly McCreight □ Chairman □Chairman Name: \_\_\_\_\_ 325 Bridge Street ☐ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ Franklin, TN 37064 Director ☐ Director ■ President □ President ☐ Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name: Crawford Gallimore □ Chairman □ Chairman Name: \_\_\_\_\_ Address: \_\_\_\_ ☐ Vice Chairman ☐ Vice Chairman Address: Martin, TN 38237 □ Director ☐ Director □ President □ President □ Vice President \_\_\_\_\_ ☐ Vice President **■**Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Wayne McCreight □Chairman □ Chairman Name: \_\_\_\_\_ 943 Main Street □Vice Chairman Address: ☐ Vice Chairman Address: Martin, TN 38237 Director □ Director ☐ President ☐ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐Treasurer □ 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 (with 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 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 Kelly McCreight



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**ERICA WILSON** 

**ERICA WILSON** 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808 March 7, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0464137

Issuance Date: 03/07/2022

Copies Requested:

**Document Receipt** 

Receipt #: 006989569

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3824847623

\$20.00

Regarding:

The Hamilton-Ryker Group, Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 06/20/2001

Status:

Active

**Duration Term:** 

Perpetual

Business County: WEAKLEY COUNTY

Control #:

410057

Date Formed:

06/20/2001

Formation Locale: TENNESSEE

Inactive Date:

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## The Hamilton-Ryker Group, Inc.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 052246014 Processed By: Cert Web User