

Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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FOREIGN PROFIT/NONPROFIT CORPORATION **Division 5 Corp**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	- 6870 .00

Electronic Filing Menu

Corporate Filing Menu

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.

Division	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") 5 Fab Corp		· 	
(If name unavail		adopted for the purpose of transacting business in Florid	a)	
_{2.} Tennesse	∋e	82-3225881		
(State or countr 4. 10/06/20	y under the law of which it is incorporated) 17	(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other than perpetual)	.	
_{6.} <u>05/2020</u>				
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_{7.} 5810 Shell	by Oaks Dr. STE B Memphi	s TN 38134		
	•	fice street address)		
981 Highw	ay 98, East Suite 3-409 DE		_	
	et address of Florida registered agent: (P. Registered Agents Inc	ng address, if different) O. Box <u>NOT</u> acceptable)	رب د	
Name:			633	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	. Florida 33702	2622 60 1 14	
	(City)	(Zip code)	#	
designated in this further agree to co	ed as registered agent and to accept serv application, I hereby accept the appoints	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of osition as registered agent.	nacityI	
	Bee Home			
	(Registered agent's s	ignature)		

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					
□Chairman	Name: Russell A Nance	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
⊠Director	7901 4th St N STE 11349	□ Director			
X President	St. Petersburg FL 33702	President			
□Vice President		□Vice President	<u>.</u>		
X 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	
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:	-	
□Director		Director			
□President		□President		<u></u>	~
□Vice President		□Vice President			707
☐ Secretary	□ Treasurer	☐ Secretary		□Treasurer	
Other	Other	□Other		Other	
individuals may be	Jise an attachment to report more than six (6). The attachment to the index when filing your Florida Departme	chinent will be image at of State Annual R	ed for reporting pr eport form.	urposes only. Nor	n-indexed
12. X220e	u-G. Nano	- 000	_ 	·····	<u> ।</u> (ङ
	Signature of Director o		hara ahaa dhaasa aa s	d hamain ama tar	nod that he ar
The officer or dire	ector signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) aftirms if ment of State constit	nat the facts stated utes a third degree	e felony as provid	led for in

13. Russell A Nance, President, Director, Secretary, Treasurer (Typed or printed name and capacity of person signing application)



Division of Business Services Department of State

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

AMARA REED

5810 SHELBY OAKS DR. STE B MEMPHIS, TN 38134

October 12, 2022

Request Type: Certificate of Existence/Authorization

Request #:

0498638

Issuance Date: 10/12/2022

Copies Requested:

Document Receipt

Receipt #: 007547805

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3837679458

\$20.00

Regarding:

Division 5 Corp

Filing Type:

For-profit Corporation - Domestic

Control #:

926474

Formation/Qualification Date: 10/06/2017

Date Formed:

10/06/2017

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: SHELBY COUNTY

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

Division 5 Corp

- * 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

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