

F23000003823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

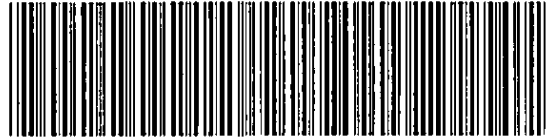
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000079226

Office Use Only



400409374724

2023 JUN 26 10:00:00 AM '23 \$70.75

STATE OF OHIO  
DEPARTMENT OF REVENUE

2023 JUN 26 PM 3:13

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2023

MICHAEL W. CHANCELLOR  
1228 W 5TH STREET  
LAUREL, MS 39440 US

SUBJECT: CHANCELLOR, INC.  
Ref. Number: W23000079226

We have received your document for CHANCELLOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 623A00012795

**RECEIVED**  
JUN 26 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
CHANCELLOR, INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL W. CHANCELLOR  
\_\_\_\_\_  
Name of Person

CHANCELLOR, INC.  
\_\_\_\_\_  
Firm/Company

1228 W 5TH STREET  
\_\_\_\_\_  
Address

LAUREL, MS 39440  
\_\_\_\_\_  
City/State and Zip code

mchancellor@chancellorinc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA MURRAY at ( 601 ) 518-6455  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate 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.

1. CHANCELLOR, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CHANCELLOR SUPPLY, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSISSIPPI 3. 64-0468726
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-27-1968 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1228 W 5TH ST. LAUREL, MS 39440
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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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.

[Handwritten signature]

(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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: MICHAEL W. CHANCELLOR

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

Director: JEREMY A. FELDER

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

**B. OFFICERS**

President: MICHAEL W. CHANCELLOR

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

Vice President: JEREMY A. FELDER

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

Secretary: GEORGE W. CHANCELLOR

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

Treasurer: BILLIE J. BONNER

Address: 1228 W 5TH ST., LAUREL, MS 39440  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 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 s.817.155, F.S.

13. MICHAEL W. CHANCELLOR, PRESIDENT

(Typed or printed name and capacity of person signing application)



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 1st day of May, 1968, the State of Mississippi issued a Charter/ Certificate of Authority to:

**CHANCELLOR, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Chancellor, Inc. is in good standing at this time.

Given under my hand and seal of office  
the 10th day of May, 2023

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN23164629

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>