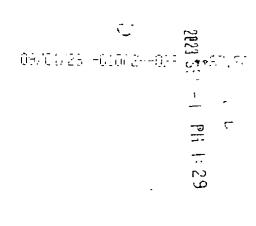
# F32005046

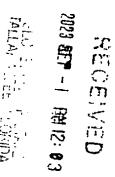
	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Bosiness Linky Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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### COVER LETTER \*

*6	TO:	Registration Section Division of Corporations		:-		
	SUBJECT: Southeastern Tristate Fisheries Cooperative INC					
Name of Corporation – must include suffix						
Dear Sir or Madam:						
	Affairs	closed "Application by Foreign Not for Profit in Florida", "Certificate of Existence", or "C the above referenced not for profit corporati	ertificate of Status" and ch	neck are submitted to		
	Please	return all correspondence concerning this ma	tter to the following:			
		Christopher Johnson Sr.				
		Name o	Person	<del></del>		
		SE Tristate Fisheries Cooperative INC				
		Finn/C	ompany	<del></del>		
4301 Apollo Ave						
		Add	Iress			
		Jacksonville, Fl. 32226				
		City/State a	nd Zip Code			
		chrisjohnsonsonior57@comcast:net—_	coneyjemt@yah	ov.com		
		E-mail address: (to be used for f	uture annual report notific	ation)		
	For furt	ther information concerning this matter, pleas	e call:			
	Christo	•	716-5655			
	<del></del>	Name of Person	Area Code Daytime Te	lephone Number		
		Mailing Address: Registration Section	Street Address: Registration Section			
		Division of Corporations P.O. Box 6327	Division of Corpora			
		Tallahassee, FL 32314	The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	reet, Suite 810		
		ed is a check for the following amount:	ALVE AN OWN			
		nake check payable to: FLORIDA DEPARTME  00 Filing Fee \$\Bigcup \\$78.75 Filing Fee \$\&	NT OF STATE  □\$78.75 Filing Fee &	■\$87.50 Filing Fee,		
	_ +. **	Certificate of Status	Certified Copy	Certificate of Status a		

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	Tristate Fishieries Cooperative IN			
(Name of corpo import in langu in the name at p	oration: must include the word "In age as will clearly indicate that it present. "Company" or "Co." may	NCORPORATED" or is a corporation inster not be used as a corp	"CORPORATION" or words or abbrud of a natural person or partnership is brate suffix by a nonprofit corporation	eviations of like f not so contained n.)
(If name unav	ailable in Florida, enter alternate	corporate name adopt	ed for the purpose of transacting busin	ness in Florida)
2. Georgia		3.88-10	0909	
	ntry under the law of which it is i	incorporated)	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
4. 02/17/2021		5		
(1	Date of Incorporation)	<u> </u>	(Date of duration, if other than po	erpetual)
			t address)	
4301 Apollo A	ve Jacksonville, Fl. 32226			
	(C	urrent mailing address	, il different)	
8. To solicit Bus	iness		€.	565)
(Purpose(s) of	corporation authorized in home s	tate or country to be c	urried out in the state of Florida)	· · · ·
). Name and <u>str</u>	eet address of Florida registere	ed agent: (P.O. Box	NOT acceptable)	)   
Name:	Corey Johnson (Secratary)			<u>.</u>
Office Address:	4301 Apollo Ave			
	Jacksonville	. Flo	rida 32226 (Zip Code)	29
	(City)		(Zip Code)	

10. 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)

11. 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.

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

□Chairman	Name:	_	Name:
∃Vice Chairman	Address: 1835 Welford Rd	Uvice Chairman	Address: 10432 DePaul Dr.
☐Director	Jacksonville, Fl 32207	□n:	Jacksonville,Fl. 32218
■ President		□President	
□Vice President		■ Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
Other:		Other:	Other:
DChairman	Name: Christopher Johnson Sr.	☐ Chairman	Corey Johnson
Vice Chairman	Address: 4301 Apollo Ave		Address: 4301 Apollo Ave
]Di <b>re</b> ctor	Jacksonville, Fl. 32226	GD'	Jacksonville, Fl. 32226
President		_ President	
Vice President		_ Vice President	
Secretary	<b>■</b> Treasurer	<b>■</b> Secretary	□Treasurer
Other:	Other:	Other:	□Other:
Chairman	Name:	_ □Chairman	Name:
Vice Chairman	Address:	_ □Vice Chairman	Address:
Director		_ Director	
President		_	
Vice President		□ Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
Other:	Other:	Other:	Other:
on-indexed indiv	t Notice: Use an attachment to report more to riduals may be added to the index when filing the state of Chairman, Vice Chairman, or	ng your Florida Department o	of State Annual Report form.

Control Number: 21083929

#### 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

## Southeastern Tristate Fisheries Cooperative, Inc. a Domestic Nonprofit 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 : 25812388
Date Inc/Auth/Filed: 02/17/2021
Jurisdiction : Georgia
Print Date : 09/01/2023

Form Number 211



Brad Raffensperger

Brad Raffensperger Secretary of State