

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Only) States Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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2023 SEP 12 PH 4: 13
SECRETARY GE STATE

## **COVER LETTER**

	stration Section ion of Corpora	ions			
SHRIFCT:	ECC Supply, In	ic.			
Sommer.		Name of corporation	n - mus	t include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence." o	y Foreign Corporation for "Certificate of Good Stapporation to transact busing	anding"	and check are subm	
Please return	all corresponde	nce concerning this matt	er to the	following:	
Cates Culpepp	er				
		Name o	f Person	l	
ECC Supply, I	inc.				
		Firm/Co	mpany		
17159 US Hig	hway 280. E				
		Ado	lress		
Smiths Station	. AL 36867				
		City/State	and Zip	code	
cculpepper@s	ervpro9392.com				
	Е	-mail address; (to be used	l for futi	ire annual report no	tification)
For further in	formation conc	erning this matter, please	call:		
Cates Culpepp	er	at (	298	298-8252  Daytime Telephone Number	
Nam	e of Person	Area Co	de	Daytime Telepho	one 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	
	neck payable to:	ollowing amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78 <i>.</i> ′	FATE 75 Filing Fee & itied 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.

(If name unavailab	Supply 2, Inc. le in Florida, enter alternate corporate name ad			
4	under the law of which it is incorporated)	(FEI number, if applicable)  (Date of duration, if other than perpetual)		
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 A S Hwy 280E (Principal office) (Current mailing)	2. F.S., to determine penalty liab SMIHS Station	ility) 1 AL 36877	
8. Name and <u>street</u> Name:  Office Address:	address of Florida registered agent: (P.O. Northwest Registered Agent LLC  7901 4th St N STE 300  St. Petersburg  (City)	Box <u>NOT</u> acceptable) Florida 33702 (Zip code)	2023 SEP 12 PM 4: 1 SECRETARY OF STATEMENT TALLAHASSEE, FL	
9. Registered agen Having been named designated in this a	t's acceptance: I as registered agent and to accept service pplication, I hereby accept the appointme uply with the provisions of all statutes rela	nt as registered agent and ag	ed corporation at the place ree to act in this capacity. Ι	

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

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: Susan S. Culpepper	
□Vice Chairman	Address: 7186 Stillwater Drive	□Vice Chairman	7186 Stillwater Drive	
□Director	Columbus, GA 31904	□Director	Columbus, GA 31904	
President	James M. Culpepper	□President		
□Vice President		■ Vice President	Susan S. Culpepper	
□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	<del></del>	□Vice President		
□Sceretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
Important Notice: individuals may be	Useful attachment to report more than six (6). The attack adject to the index when Hing your Florida Department of Director or Signature of Director or	it of State Annual Re	I for reporting purposes only. Non-indexed port form.	

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. Susan S. Culpepper

Control Number: 0451479

## 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

#### ECC SUPPLY, INC.

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 : 25804708 Date Inc/Auth/Filed: 08/23/2004 Jurisdiction : Georgia Print Date : 08/29/2023

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State