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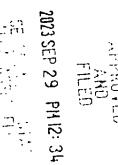
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Social Name)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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OCT 1 8 2023 K. Brumble



MELANIE A. AULEN

E-mail: mallen@brunini.com Direct: 601.973.8738 The Pinnacle Building, Suite 100 190 East Capitol Street Jackson, Mississippi 39201 Telephone: 601,948,3101 Post Office Drawer 119 Jackson, Mississippi 39205

Facsimile: 601,960.6902

September 28, 2023

Florida Secretary of State Registration Section, Division of Corporations 2415 N. Monroe St., Suite 810 Tallahassee, FL 32303 VIA FEDERAL EXPRESS

Re: Registration of Upchurch Plumbing, Inc., Mississippi corporation

Dear Sir or Madam:

Enclosed are the following:

- Cover Letter
- Application by Foreign Corporation for Authorization to Transact Business in Florida;
- Certificate of Good Standing issued by the Mississippi Secretary of State:
- Our check in the amount of \$78.75 representing filing fees for same

Once filed, please return to me in the enclosed envelope. Should you have any questions or need anything else, please let us know.

Sincerely,

BRUNINI, GRANTHAM, GROWER & HEWES, PLLC

Melanie Al. Allen

Legal Assistant

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: UPCHURCH PLUM	BING, INC.			
	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporati	tificate of Good Star	nding" and check are submi		
Please return all correspondence co	oncerning this matte	r to the following:		
Melanie Allen				
	Name of	Person		
Brunini, Grantham, Grower & Hewe	s, PLLC			
	Firm/Con	npany		
190 East Capitol St., Suite 100				
	Addr	ress		
Jackson, MS 39201				
	City/State a	and Zip code		
mallen@brunini.com				
E-mail	address: (to be used	for future annual report not	ification)	
For further information concerning	this matter, please	call:		
Cynthia U Hawkins	at (	453-6860	453-6860	
Name of Person	Area Coo		Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	IDA DEPARTMEN		<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## 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.

	•	lopted for the purpose of transacti	ng business in Florida	
Mississippi	3.	64-0657124		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/22/1981	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
11/1/2022				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		lity)	
:606 BALDWIN	ROAD, GREENWOOD, MS 38930			
	(Principal office	: street address)		
	(Current mailing	address, if different)		
Name and <u>stre</u>	et address of Florida registered agent: (P.O.  C T Corporation System		2023 SE	
Name:	et address of Florida registered agent: (P.O.		2023 SEP 2	
Name:	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road	Box NOT acceptable)	2023 SEP 29	
Name:	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road		2023 SEP 29 PH I	
Name: fice Address:	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)	Box <u>NOT</u> acceptable)	2023 SEP 29 PH 12: (	
Name: ice Address: Registered agving been nam	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  seed as registered agent and to accept service.	Box NOT acceptable) , Florida 33324(Zip code)  e of process for the above state	PH 12:	
Name: ice Address: Registered agving been namignated in this	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable)  Florida 33324 (Zip code)  to of process for the above state ant as registered agent and age	PH 12. Sugar corporation at The ree to act in this cap	
Name: fice Address:  Registered agiving been namisignated in this ther agree to contact.	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  seed as registered agent and to accept service.	Box NOT acceptable)  Florida 33324 (Zip code)  e of process for the above state ent as registered agent and agilative to the proper and comple	PH 12. Sugar corporation at The ree to act in this cap	

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.

A. DIRECTORS				
□Chairman	Name: Robert I. Upchurch	□Chairman	Name: Cynthia U Hawkins  Address: 2606 Baldwin Road	
□Vice Chairman	Address: 2606 Baldwin Road	□Vice Chairman		
■Director PO Box 8106		Director		
■President Greenwood, MS 38935-8106		□President	Greenwood, MS 38935-8106	
□Vice President		□Vice President		
□Secretary	□ Treasurer	■ Secretary		☐ Treasurer
□Other	Other	Other		□Other
□Chairman □Vice Chairman ■Director	Michael W Upchurch  2606 Baldwin Road  Address:  PO Box 8106	□Chairman □Vice Chairman □Director	Name:	
□President	Greenwood, MS 38935-8106	□President		
₩Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		Other
□Chairman □Vice Chairman ■Director	David L Upchurch  Name:  1792 DANCY BLVD. WEST  Address:  HORN LAKE, MS 38637	□Chairman □Vice Chairman □Director		
□President		□President		
□Vice Presidem		□Vice President		
□Secretary	<b>■</b> Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
The officer or direct she is aware that fa s.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Line 11. How Kind Signature of Director of Signature of Director of the Signature of Director of the Department of the Department of Director and Secretary	nt of State Annual Re r Officer r 11 above) affirms th	port form.	herein are true and that he or



## 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 22nd day of December, 1981, the State of Mississippi issued a Charter/Certificate of Authority to:

#### **UPCHURCH PLUMBING, 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 UPCHURCH PLUMBING, INC. is in good standing at this time.

Given under my hand and seal of office the 27th day of September, 2023

Michael Watson

Certificate Number: CN23173535

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx