# F23000006766

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(City/State/Zip/Phone #)
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### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Bonifay Piggly Wiggly, Inc.			
		of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standi	ng" and check are sub	
Please return	all correspondence concerni	ing this matter to	the following:	
Chase C. Jorda	ın			
		Name of Pe	rson	
Armstrong & J	ordan, P.C.			
******		Firm/Compa	ıny	
200 Grove Par	k Lane, Suite 670			
		Address	;	
Dothan, Alaba	ma 36305			
		City/State and	Zip code	
amy001k@yah				
	E-mail address	s: (to be used for	future annual report n	iotification)
For further inf	formation concerning this m	atter, please cal	l:	
Chase C. Jorda			7932629	
Name	e of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAHLING A Registration Sc Division of Co P.O. Box 6327 Tallahassee, F	ection opporations 7	
	check for the following amorete payable to: FLORIDA Ding Fee	EPARTMENT O	OF STATE 578.75 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.

(16	LE : 171 - 14	adopted for the purpose of transacting business in Floric	la)
(11 name unavaii	able in Florida, enter alternate corporate name	adopted for the purpose of dansacting business in Fibric	ia)
Alabama	3.	93-4004909	
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)	
October 10, 202	23 5. e of incorporation)	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
·			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
507 C Manualli			
307 E. Magnottia	Avenue, Geneva, Alabama 36340 (Principal off	ice street address)	
P O Box 537 G	eneva, Alabama 36340		
		ng address, if different)	_
	(		
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	<b>~</b> >
		D. Box <u>NOT</u> acceptable)	2023
. Name and street	et address of Florida registered agent: (P.C. Nathan G. Nolin	D. Box <u>NOT</u> acceptable)	2023 NO
Name:		). Box <u>NOT</u> acceptable)	2023 NOV 11
Name: Office Address:	Nathan G. Nolin 5407 Cotton St.		2023 NOV 16 F
Name: Office Address:	Nathan G. Nolin 5407 Cotton St.		
Name: Office Address:	Nathan G. Nolin 5407 Cotton St.		
Name: Office Address:	Nathan G. Nolin 5407 Cotton St.		
Name:  Office Address:  Registered aglaving been name	Nathan G. Nolin  5407 Cotton St.  Graceville  (City)  ent's acceptance: ned as registered agent and to accept serve		PH :: 402
Name: Office Address: Registered ag laving been nam esignated in this	Nathan G. Nolin  5407 Cotton St.  Graceville  (City)  ent's acceptance: ned as registered agent and to accept serve s application, I hereby accept the appoints comply with the provisions of all statutes i	. Florida 32440 (Zip code)  ice of process for the above stated corporation at to ment as registered agent and agree to act in this carelative to the proper and complete performance of	PH :: 40he pl
Name: Office Address: Registered ag laving been nam esignated in this	Nathan G. Nolin  5407 Cotton St.  Graceville  (City)  ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints	. Florida 32440 (Zip code)  ice of process for the above stated corporation at to ment as registered agent and agree to act in this carelative to the proper and complete performance of	PH :: 40he pl
Name:  Office Address:  Registered ag  Iaving been nam  lesignated in this  urther agree to c	Nathan G. Nolin  5407 Cotton St.  Graceville  (City)  ent's acceptance: ned as registered agent and to accept serve s application, I hereby accept the appoints comply with the provisions of all statutes i	. Florida 32440 (Zip code)  ice of process for the above stated corporation at to ment as registered agent and agree to act in this carelative to the proper and complete performance of	PH :: 40he pl
Name: Office Address:  Office Address:	Nathan G. Nolin  5407 Cotton St.  Graceville  (City)  ent's acceptance: ned as registered agent and to accept serve s application, I hereby accept the appoints comply with the provisions of all statutes i	. Florida 32440 (Zip code)  ice of process for the above stated corporation at to ment as registered agent and agree to act in this carelative to the proper and complete performance of	PH :: 40he pl

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 Name: Amy Arnold Name: Kym R. Arnold Chairman Chairman □ Chairman Address: 886 Sandy Creek Rd. Address: 886 Sandy Creek Rd. □Vice Chairman ☐ Vice Chairman Samson, Alabama 36477 Sanison, Alabama 36477 **■** Director ☐ Director □ President President ■ Vice President □ Vice President Treasurer □ Secretary ☐ Treasurer **■**Secretary □Other \_\_\_\_\_ Other □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman □ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: □ Director □ Director □ President □President □Vice President □Vice President ∃Treasurer □ Treasurer ☐ Secretary □ Secretary □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: □ Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □Director □ President □President □ Vice President \_\_ ☐ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing four Florida Department of State Annual Report form. 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.

Kym R. Arnold, President

Wes Allen Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

## State of Alabama

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Bonifay Piggly Wiggly, Inc. was formed in Alabama on October 10, 2023. The Alabama Entity Identification number for this entity is 001-103-152. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/01/2023

Date

Wes Allen

Secretary of State