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| Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2023

RANDY KNOWLES PO BOX 60 SUMNER, TX 75486 US

SUBJECT: KNOWLES & KNOWLES, INC. DBA: NORTHEAST GATE CO.

Ref. Number: W23000168191

We have received your document for KNOWLES & KNOWLES, INC. DBA: NORTHEAST GATE CO. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 523A00028908 — _

RECEIVED

JAN 16 2024

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Knowles + Knowles, Inc. | DBA: Northeast Gate G. | | |
| Name of corporation - | must include suffix | | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standiabove referenced foreign corporation to transact business | ng" and check are submitted to register the | | |
| Please return all correspondence concerning this matter to | the following: | | |
| Randy Knowles | | | |
| Name of Pe | erson | | |
| Northeast Gate Co. | | | |
| rim/Compa | any | | |
| Po Box 60 | | | |
| Address | | | |
| Sumner, TX. 75486 | | | |
| City/State and | Zip code | | |
| Mostheast gate @ gma:/, com () E-mail address: (to be used for | 7 | | |
| (/ E-mail address: (to be used for | future annual report notification) | | |
| For further information concerning this matter, please cal | l: | | |
| Name of Person at (903) Area Code | 739-8778 | | |
| Name of Person Area Code | Daytime Telephone 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 | | |
| • | DF STATE \$78.75 Filing Fee & | | |

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. Knowles & Knowles, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Texas (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) 4. 10-17-2000 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 20364 FM 79, Sumner, TX, 75486

(Principal office street address)

P. D. Box 60, Sumner, TX, 75486

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Renee Joseph

959 Carriage Hill Rd.

Melbourne
(City)

Florida 32940
(Zip code) Office Address: 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. (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

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTORS | | | \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc | |
|---|--------------------------|-----------------|--|--|
| □Chairman | Name: Kandy Knowles | □ Chairman | Name: Koger Knowles | |
| □Vice Chairman | Address: 20364 FM 79 | □ Vice Chairman | Address: 20170 FM 79 | |
| □Director | Sumner, 7x. 75486 | Director | Sumner, TI. 75486 | |
| ⊠President | | President | | |
| □Vice President | | ØVice President | | |
| ☐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 | | |
| □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 your Florida Department of State Annual Report form. | | | | |
| 12. | Signature of Director of | or Officer | | |
| The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of 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. (Typed or printed name and capacity of person signing application) | | | | |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for KNOWLES & KNOWLES, INC. (file number 160224600), a Domestic For-Profit Corporation, was filed in this office on October 17, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 15, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

gave Helson

Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1305459990003