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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

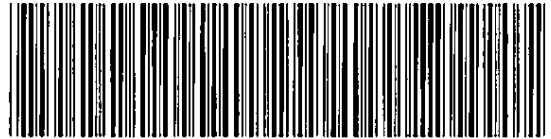
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2024 FEB 26 PM 1:27
TALLAHASSEE, FL

MAR 14 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All South Electric Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David H Allen

Name of Person

All South Electric, Inc

Firm/Company

PO Box 598

Address

Long Beach, MS 39560

City/State and Zip code

allsouth21042@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David H Allen

at (228) 452-2262

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 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.*

1. All-South Electric, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "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. Mississippi 3. 64-0714227
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 10, 1985 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

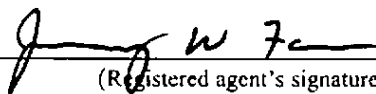
7. 21042 Daughtry Rd., Long Beach, MS 39560
(Principal office street address)
P.O. Box 598, Long Beach, MS 39560
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gerald W Favre
Office Address: 176 Nightcap St
Santa Rosa Beach, , Florida 32459
(City) (Zip code)

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 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.

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

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SCL
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: David H Allen
☐ Vice Chairman Address: _____
☐ Director 4151 Menge Ave
☒ President Pass Christian, MS 39571
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Yvette R Allen
☐ Vice Chairman Address: _____
☐ Director 4151 Menge Ave
☐ President Pass Christian, MS 39571
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

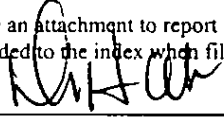
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Margaret Allen
☐ Vice Chairman Address: _____
☐ Director 4151 Menge Ave
☐ President Pass Christian, MS 39571
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 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.

13. David H. Allen, President
(Typed or printed name and capacity of person signing application)

General Affidavit

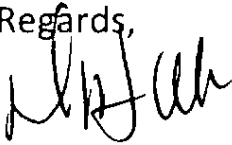
February 20, 2024

All South Electric, Inc
P.O. Box 598
Long Beach, MS 39560
228-452-2262

To Whom it may concern:

Please note that a Florida registration for new business was opened incorrectly in the Name of All South Electric, Inc, it has since been dissolved and the correct Profit Qualification form has been completed. We are asking for our business name to be released and to be allowed to use All South Electric, Inc. with the profit qualification form. If there are any questions or concerns, please let us know.

Best Regards,

A handwritten signature in black ink, appearing to read 'D. H. Allen', written over the printed name.

David H Allen, President



Michael Watson
SECRETARY OF STATE

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 10th day of July, 1985, the State of Mississippi issued a Charter/ Certificate of Authority to:

ALL-SOUTH ELECTRIC, 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 ALL-SOUTH ELECTRIC, INC. is in good standing at this time.

Given under my hand and seal of office
the 20th day of February, 2024

A handwritten signature of Michael Watson in black ink.

Certificate Number: CN24182677

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>