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## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Central Alabama Training S	Solutions, Inc.		
CODULCIA	Name	of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o		te of Good Stand	authorization to Transact Business ing" and check are submitted to res in Florida.	
Please return	all correspondence concer	ning this matter t	to the following:	
Keith Sharp				
		Name of P	erson	
Central Alaba	na Training Solutions, Inc.		_	
	· · · · · · · · · · · · · · · · · · ·	Firm/Comp	oany	
5100 Culver R	.d.			
		Addres	SS .	
Tuscaloosa, A	I. 35401			
		City/State and	d Zip code	
npugh@catsco	· ·			
	E-mail addre	ss: (to be used to	r future annual report notification)	l
For further in	formation concerning this	matter, please ca	ll:	
Nicole Pugh		at (	341-2287	
Nam	e of Person	Area Code	Daytime Telephone Numb	er
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 Please make c. □ \$70.00 Fil	check for the following ar neck payable to: FLORIDA ing Fee	DEPARTMENT ( ing Fee &	\$78.75 Filing Fee & Sertified Copy Certified Copy	50 Filing Fee, ficate of Status & fied 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.

Central Alabama	Training Solutions, Inc.				
	orporation; must include "INCORPORATE up," "Inc," "Co," or "Corp.")	.D,`	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate nai	ne t	idopted for the purpose of transacting bus	iness in Flo	rida)
Alakima		3. 16-1695855			
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)		
March 29, 2004		5.			
(Date of incorporation)			(Date of duration, if other than perpetual)		
			Florida, if prior to registration) 02, F.S., to determine penalty liability)		
5100 Culver Rd.	l'uscaloosa, A1, 35401				
	(Principal o	offic	ce <u>street</u> address)		
	(Current ma	ilin	g address, if different)		~
				• •	2024 F E B
Name and stree	<u>t address</u> of Florida registered agent: (1	P.O	Box NOT acceptable)	-	<u>ا</u>
Name:	Robert Wragg			. <b>-</b>	<b>ار</b>
Tice Address:	9915 Vonna Jo Dr.				σ -
	Pensucola		. Florida 32506		. T
	(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]:

A. DIRECTORS						
□Chairman	Name: Keith Sharp	□Chairman	Name: John Snider			
□Vice Chairman	Address: 435 2nd St. NW	□Vice Chairman	Address: 12792 Shelley Hughes Rd.			
□Director	Gordo, AL 35466	□Director	Buhl, AL 35446			
<b>■</b> 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			
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.   13.   14.   15.   16.   17.   18.   18.   18.   19.   19.   19.   10.						
12. J. Kuth May 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. (Typed or printed name and capacity of person signing application)						
(Typed or printed name and capacity of person signing apprecation)						

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 Central Alabama Training Solutions, Inc. was formed in Pickens County on March 29, 2004. The Alabama Entity Identification number for this entity is 000-234-357. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240326000013170

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.

03/26/2024

Date

Wes Allen

Secretary of State