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(City/State/Zip/Phone #)	2024 J.L. 1 O PH 5: 36		
- Office Use Only	NALLAHASSEE, FLORIDY JUN 1 0 2024 K. Brumbley		



115 N CALHOUN ST., STE. 4 TALLAHASŞEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: 12000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(06/10/2024	
Name:	Patrice Rush	
Reference #:_	2384245	
Entity Name:	JOHN W. MC	DOUGALL CO., INC.
Ameno Ameno Chang Reinsta Conver Merger Dissolu	e of Agent atement rsion	

Authorized Amount:	\$70.00
Signature:(Prot

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.

JOHN W. MCDOUGALL CO., INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable	e in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busi	ness in Florida		
۶ - 1	Tennessee	62-0435228	62-0435228		
	Inder the law of which it is incorporated) 01/22/1946				
(Date of	incorporation) 5	(Date of duration, if other than p	erpetual)		
·					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150				
	3731 Amy Lynn Drive Na	shville, TN 37218			
<u></u>	(Principal office	e <u>street</u> address)			
	(Current mailing	address, if different)	202		
Name and street a	uddress of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2024 .4213		
Name:	Cogency Global Inc.		10		
ffice Address:	115 North Calhoun Street, Suite 4		PH		
	Tallahassee, Florida	S2301	ςņ 		
-	(City)	(Zip code)	<u>e</u>		

9. Registered agent's acceptance:

1.

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.

/s/ Erin Haggerty

(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.

	r			•
*		A.	DIRECTORS	-

ZChairman Name:		Name: Jeff Aycock
□Vice Chairman Address:	_ynn Drive	Address: 3731 Amy Lynn Drive
Director Nashville, TN 3		Nashville, TN 37218
President		
[] Vice President		
[]]Secretary []]Treasure	er Secretary	Treasurer
□Other □Other _	Other	
		· ·
Chairman Name:	[]Chairman	Name:
Uvice Chairman Address:	Uvice Chairman	Address:
(]Director	[]Director	
President	President	
Uvice President	Vice President	
Decretary DTreasur	er 🗆 Secretary	Treasurer
□Other□Other	□Other	[] Other
⊡Chairman Name:	[]Chairman	Name:
□Vice Chairman Address:	Vice Chairman	Address:
CIDirector		<u> </u>
President	President	
Uvice President	□ Vice President	
□ Secretary □ Treasur	er []Secretary	Treasurer
OtherOther_	Other	Other
Important Notice: Use an attachment to report m individuals may be added to the index when film	ng your Florida Department of State Annual R	d for reporting purposes only. Non-indexed
	Signature of Director or Officer	
The officer or director signing this document (as she is aware that false information submitted in s.817.155, F S.	nd who is listed in number 11 above) affirms th a document to the Department of State constitu-	hat the facts stated berein are true and that he or ites a third degree felony as provided for in

Teff Aucock, Secretory / Trecsurer (Typed or panted name and capacity of person signing application) 13. _____

ACRICULTURE ACRICULTURE 7796 Tre Hargett Secretary of Sta		Division of Business Services Department of State State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102			
KAREN MCKEO KAREN MCKEO SUITE 310 194 WASHINGTO ALBANY, NY 123	NN DN AVENUE		June	10, 2024	
Request Type: Certificate of Existence/Authorization Request #: 0587035		lssuance Date: 06/10/2024 Copies Requested: 1			
	Document Receip	t		<u> </u>	
Receipt # : 0090	45773	Filing	Fee:	\$20.00	
Payment-Credit C	ard - State Payment Center - CC #: 3875734933	3		\$20.00	
Regarding:	JOHN W. MCDOUGALL CO., INC.				
Filing Type	For-profit Corporation - Domestic	Control # :	19222		
Formation/Qualification Date: 01/22/1946		Date Formed:	01/22/1946	i	
Status:	Active	Formation Locale:	TENNESS	EE	
Duration Term:	Perpetual	Inactive Date:			
Business County:					

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

JOHN W. MCDOUGALL CO., INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 068003825