# F24000004364

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only otalion Explir Hollie #)          |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



000434340910

08/14/24--01020--015 \*\*70.00

.. me 13 Fr 2:30

(\_)

## **COVER LETTER**

| TO:    | Registration Section Division of Corpo   |  |              |   |   |
|--------|--|--|--------------|---|---|
| SUBJ   | ECT:   | Leonard                                      | Peter        | son + Co., Ic                                   | <b>x</b> .  |
|        |  | Name of c                                    | corporation  | - must include suffix                           |   |
| Dear S | Sir or Madam:  |  |              |   |   |
| "Certi |  | or "Certificate of                           | Good Stan    | ding" and check are st                          | act Business in Florida." bmitted to register the         |
| Please | return all correspon   | dence concerning                             | this matter  | to the following:                               |   |
|        |  | Texcsa                                       | James        | :3  |   |
|        |  |  |              | と<br>Person                                     |   |
|        |  | Leonard                                      | Peterso      | m ~ Co. Inc.                                    |   |
|        |  |  |              |   |   |
|        |  | P.O. Bex                                     | 2277         | ess<br>30831<br>nd Zip code                     |   |
|        |  |  | Addre        | ess   |   |
|        |  | Aubur  | n, AL        | 36831   |   |
|        |  | C  | City/State a | nd Zip code                                     |   |
|        | <del></del>  | Accour<br>E-mail address: (t                 | nting @      | or future annual report                         | teresa@ pco.cor   |
| For fu | rther information co   |  |              |   |   |
|        | eresa James  | at at  | 334          | N 821-6832                                      | ,   |
| 1      | Name of Person   |  | Area Code    | ) <u>821-4832</u><br>Daytime Tele               | phone Number  |
|        | STREET/COURI<br>Registration Section<br>Division of Corpo<br>The Centre of Tall<br>2415 N. Monroe S<br>Tallahassec, FL 3 | on<br>rations<br>ahassee<br>treet, Suite 810 |              | Registration                                    | Corporations<br>27  |
| Please | sed is a check for the<br>make check payable to<br>0.00 Filing Fee [   |  | ARTMENT      | OF STATE  3 \$78,75 Filing Fee & Certified Copy | S87.50 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.

| (Enter name of cor                       | Peterson & Co. Irc. poration; must include "INCORPORA p," "Inc," "Co," or "Corp.") | ATED," "COM                        | PANY," "CORPORATIO   | )N,"                                  |                 |          |
|--|--|------------------------------------|--|---------------------------------------|-----------------|----------|
|  |  |                                    |  |                                       |                 |          |
| (If name unavailab                       | le in Florida, enter alternate corporate   | name adopted                       | for the purpose of transacti                               | ing business in l                     | Florida)        |          |
| 2. <u> </u>                              | linois under the law of which it is incorporate                                    | 3                                  | 36-162127  | <u> </u>                              |                 |          |
| (State or country                        | under the law of which it is incorporate   | ted)                               | (FEI number, if a  | ipplicable)                           |                 |          |
| 4. <b>(</b>                              | 10/1902  | 5.                                 |  |                                       |                 |          |
| (Date o                                  | f incorporation)   | <u> </u>                           | (Date of duration, if other                                | r than perpetual                      | )               |          |
| 6.                                       |  |                                    |  |                                       |                 |          |
|  | (Date first transacted bus<br>(SEE SECTIONS 607.1501 &                             | iness in Florida<br>607.1502, F.S. | , if prior to registration)<br>, to determine penalty liab | ility)                                |                 |          |
| 7.                                       | 400 Webster  | Road .                             | Aubun, AL 368<br>address)                                  | 32                                    |                 |          |
|  | (Princi  | pal office stree                   | address)   |                                       |                 |          |
|  | POB~ 2   | 277 A.                             | burn AL 3683   | <u> </u>                              |                 |          |
|  | (Current   | t mailing addres                   | burn, AL 3083<br>ss, if different)                         | · · · · · · · · · · · · · · · · · · · |                 |          |
|  |  |                                    |  |                                       |                 |          |
| 8. Name and street                       | address of Florida registered agent  | t: (P.O. Box                       | NOT acceptable)  |                                       |                 |          |
| Name:                                    | Wayne Barfield   |                                    |  |                                       |                 |          |
| Office Address:                          | Gamesville (City)  | enue                               |  | $\Theta$                              |                 | Ċ        |
|  | Gamesville   | 1                                  | Florida 32600  |                                       | 3               |          |
|  | (City)   | , ,                                | (Zip code)   |                                       |                 |          |
|  |  |                                    |  |                                       |                 |          |
| 9. Registered ager                       |  |                                    | Can the above of a   | ad soumanatia                         | ili)<br>matthai | nlaca    |
| raving been name<br>designated in this a | d as registered agent and to accep<br>application, I hereby accept the ap          | n service oj pi<br>pointment as    | ocess for the above stat<br>registered agent and ag        | ree to act in t                       | his capa        | city. I  |
| further agree to co                      | mply with the provisions of all sta  | tutes relative                     | to the proper and comp                                     | lete performai                        | ncê`df mj       | y duties |
| and I am familiar v                      | with and accept the obligations of   | my position a                      | s registered agent.  |                                       | 32              |          |
|  |  |                                    |  |                                       |                 |          |
|  | wayne barfield (Registered ag  |                                    | <u> </u>   |                                       |                 |          |
|  | (Registered ag   | gent'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.

| $A.\ DIRECTORS$                      | , '  |                       |             |                          |
|--------------------------------------|--|-----------------------|-------------|--------------------------|
| □Chairman                            | Name: Todd Lethander   | □Chairman             | Name:       |                          |
| □Vice Chairman                       | Address: P.O. Box 2277   | □Vice Chairman        | Address:    | <del>_</del> .           |
| □Director                            | <u>Auburn, Al 36831</u>  | □Director             |             |                          |
| <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:   |                       |             |                          |
| □Director                            |  | □Director             |             |                          |
| □President                           |  | □President            |             |                          |
| □Vice President                      |  | □Vice President       |             |                          |
| □Secretary                           | □Treasurer   | □Secretary            |             | ☐Treasurer               |
| □Other                               | Other  | □Other                | . <u> </u>  | □Other                   |
| Important Notice: individuals may be | Use an attachment to report more than six (6). The attachment added to the index when filing your Florida Department | nt of State Annual Re | eport form. | rposes only. Non-indexed |
|                                      | Signature of Director of   |                       |             |                          |
|                                      | ctor signing this document (and who is listed in number also information submitted in a document to the Departr      |                       |             |                          |
| 13.                                  | Todd Lethander, President  |                       |             |                          |

(Typed or printed name and capacity of person signing application)

#### File Number

0865-812-9



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

LEONARD PETERSON & CO. INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 10, 1902, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of AUGUST A.D. 2024.

Authentication #: 2422002630 verifiable until 08/07/2025

Authenticate at: https://www.ilsos.gov

Alexi Giannon

SECRETARY OF STATE