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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJ	ECT: Jeffers, Inc.			
		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence," of	by Foreign Corporation for r "Certificate of Good Starporation to transact busing	anding" and check are sul	act Business in Florida," omitted to register the
Please	return all correspond	ence concerning this matt	er to the following:	
John C	Gabel			
		Name o	f Person	
Jeffers	, Inc.			
		Firm/Co	mpany	
7945 \$	S 15th St Suite D			
		Ado	lress	
Lincol	n, NE 68512			
		City/State	and Zip code	
ap@la	mbertvetsupply.com			
	E	-mail address: (to be used	for future annual report	notification)
For fu	rther information cond	erning this matter, please	call:	
John C	Gabel	at (402) 729-4200	
	Name of Person	Area Co	de Daytime Telep	phone Number
	STREET/COURIE Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 32	tions nassee cct, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Please		FLORIDA DEPARTMEN	T OF STATE \$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.	Jeffers, Inc.				
	(Enter name of countries," "Co.," "Co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		-
	(If name unavail	5 Pct Inc. able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	rida)	-
2.	Alabama		63-1266784	riuay	
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		•
4.	12/20/2000	5.			
	(Date of incorporation)		(Date of duration, if other than perpetual)		-
6.	09/01/2024				
7	310 West Saunde	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1; rs Road, Dothan, AL 36301	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		•
·-			ice street address)		
	7945 S 15th St.,	Lincoln, NE 68512			
			ng address, if different)		
8.	Name and stree	et address of Florida registered agent: (P.C	·	24 SEP	SECRE DIVISION
	Name:	InCorp Services, Inc.		8	97.75 (78.75
Of	fice Address:	3458 Lakeshore Drive		A	ORPOR SORROR
		Tallahassee	, Florida_32312		
		(City)	(Zip code)	4	0.75 - 0.75

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.

Wendy Hefley on behalf of InCorp Services, Inc.
(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: Greg Eveland		□ Chairman	Name: John Gabel					
□Vice Chairman	Address: 10 Hunters Ridge Lane	□Vice Chairman	Address: 7945 S 15th St., Suite D					
□Director	Trophy Club, TX 76262	Director	Lincoln, NE 68512					
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 on 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. Vice President/CFO 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.								

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 Jeffers, Inc. was formed in Houston County on December 20, 2000. The Alabama Entity Identification number for this entity is 000-213-767. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

09/18/2024

Date

Wes Allen

Secretary of State