# F24000006227

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### **COVER LETTER**

	-	tration Section on of Corporations				
SUBJE	CT:	Farmer & Associate	es, Inc.			
CODE			Name of corporation	on - mus	t include suffix	
Dear Si	r or M	adam:				
"Certific	cate of	Existence," or "Co		anding"	and check are sub	ct Business in Florida." mitted to register the
Please r	eturn a	III correspondence	concerning this matt	er to the	following:	
Whitney	Tesda	hl, Paralegal, Real E	state Department			
			Name o	f Persor	. <u> </u>	
Farmer &	& Asso	ciates, Inc.				
			Firm/Co	mpany		
700 Bisł	iop Lai	ne N.				
•			Ado	iress		
Mobile,	Alabar	na 36608				
			City/State	and Zip	code	
wtesdahl	l@farn	erbuildings.com				
		E-mai	l address: (to be used	l for fut	ire annual report i	notification)
For furth	her inf	ormation concerning	ng this matter, please	call:		
Whitney Tesdahl 251			222-3022			
	Name	of Person	Area Co	de	Daytime Telep	hone 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		
	ake cho		RIDA DEPARTMEN		FATE 75 Filing Fee &	C \$27.50 Eiling Foo
<u> </u>	7V 1 1111	-	tificate of Status		fied 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.

Farmer & Associ	ciates, Inc.						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"					
Farmer & Assoc	ciates of AL, Inc.						
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)				
Alabama	3.	68-0567078					
	y under the law of which it is incorporated)	(FEI number, if applicable	)				
9/29/2003	5.	N/A					
(Date	of incorporation)	(Date of duration, if other than per	petual)				
6. N/A							
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)					
16200 CW WC		•					
715388 SW Warfield Blvd., Village of Indiantown, Florida 34956							
	(Principal offi	ce <u>street</u> address)					
700 Bishop Ln.,	N, Mobile, AL 36608						
	(Current mailin	g address, if different)					
			202				
8. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	0.14				
Name:	Paracorp Incorporated		2024 HOV - 1				
radine.	155 Office Blace Drive Let Floor						
Office Address:	155 Office Plaza Drive, 1st Floor	<del></del>	<del></del>				
	Tallahassee	32301 , Florida	7: 5				
	(City)	(Zip code)	<b>CD</b>				

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.

#### A. DIRECTORS Murray P. Farmer ☐ Chairman □ Chairman Name: Name: 700 Bishop Ln N., Mobile, AL 36 □Vice Chairman ☐ Vice Chairman Address: Address: Director Director Murray Farmer, Sole shareholder □ President ■ President ☐ Vice President □ Vice President \_\_\_\_ \_ ☐ Treasurer □Treasurer ☐ Secretary ☐ Secretary ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □ Chairman ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_ Address: Director ☐ Director ☐ President ☐ President ☐ Vice President □ Vice President □Treasurer ☐Treasurer □ Secretary ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_ □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Chairman Name: ☐ Chairman Name: \_\_\_\_\_\_ Address: ☐ Vice Chairman □Vice Chairman Address: □ Director □ Director □ President □President □ Vice President ☐ Vice President Treasurer Treasurer ☐ Secretary □ Secretary □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. 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. Murray P. Farmer, President and Sole Shareholder

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

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 Farmer & Associates, Inc. was formed in Mobile County on September 29, 2003. The Alabama Entity Identification number for this entity is 000-231-224. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20241031000006066

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.

10/31/2024

Date

Wes Allen

**Secretary of State**