195000001393

Maria Carlo Maria Maria

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT:	Mandrell, Inc.		
	(Name of corporation)		_
Dear Sir or Madam	:		W95-4197
Florida", "Certifica	plication by Foreign Corporation for the of Existence", and check are sub to transact business in Florida.		
Please return all coa	respondence concerning this matter	to the following:	
	Mary Mandrell (Name of Person)	/	41.1 3 /2.5
	Mandrell, Inc.		√
	(Firm/Company) P.O. Box 800	1	2.4.5. 2.5.7.7.50 3.5.7.7.50
-	(Address)		19 #6 19 유명교 (4 유명교
	Hendersonv111e, TN 37077 (City, State and Zip Code)		
	, ,		ch (i)
Should you need to	call someone concerning this matter	r, please call:	0
Robert Jerry Ja (Name of) - 5959 • timeTelephone Numb	ber

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FUORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 23, 1995

MARY MANDRELL MANDRELL, INC. PO BOX 800 HENDERSONVILLE, TN 37077

SUBJECT: MANDRELL, INC. Ref. Number: W95000004197

We have received your document for MANDRELL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Section 607.1502(4) or 617.1502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the corporation qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1400.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 995A00008370

95 Hill 23 th e. r

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:

TN-Summer	aw of which it is incorporate	_ 3.	62-1138676 (FEI number, if applicable	
State or country under the la	aw of which it is incorporate	d)	(FEI number, if applicable	1}
7/15/82	5		Perpetual: Year corp. will coase to exis	
1993	as in Claude /Con continue	607.16	501, 607.1502, and 817.155, F	rei 👸 🕃
				1.3.7 17 17 - 7
P.O. Box 800)			2)
Hendersonv11	le, TN 37077			<u>.</u>
	(Current mailing address)			
				¢ρ 4n
Entertainmen	t - Live Performance		ntry to be carried out in the st	<u>-71</u>
	dress of Florida regis			
Name:	Kathy Genth			
Name:	Kathy Genth			34223
Name:	Kathy Genth		<u></u>	34223 {Zip Code}
Name: Office Address:	Kathy Genth 1814 Gulf Blvd. Englewood			34223 (Zip Code)
Name: Office Address:	Kathy Genth 1814 Gulf Blvd. Englewood acceptance:		, Fiorida ,	
Name: Office Address: Office Address: Office Address:	Kathy Genth 1814 Gulf Blvd. Englewood acceptance: egistered agent and to	ассер	, Florida , ot service of process for	r the above s
Name: Office Address: Registered agent's aving been named as reporation at the place	Kathy Genth 1814 Gulf Blvd. Englewood acceptance: egistered agent and to designated in this appear to act in this capacit	accepolicati	ot service of process for ion, I hereby accept the orthography with the orthography with the comply we have to comply we have the complex we have th	r the above s e appointme with the provis
Name: Office Address: O. Registered agent's Faving been named as re- perporation at the place of all statutes relative to	Kathy Genth 1814 Gulf Blvd. Englewood acceptance: egistered agent and to designated in this appete to act in this capacit the proper and comple	accepolicati y. I fu	ot service of process for ion, I hereby accept the orther agree to comply w	r the above s e appointme with the provis
Name: Office Address: ORegistered agent's aving been named as re- proporation at the place gistered agent and agre- t all statutes relative to	Kathy Genth 1814 Gulf Blvd. Englewood acceptance: egistered agent and to designated in this appete to act in this capacit the proper and comple	accepolicati y. I fu	ot service of process for ion, I hereby accept the orther agree to comply w	r the above s e appointme with the provis
Name:	Kathy Genth 1814 Gulf Blvd. Englewood acceptance: egistered agent and to designated in this appete to act in this capacit the proper and comple	accepolicato y. I fu te per s regi	ot service of process for ion, I hereby accept the irther agree to comply v formance of my duties, stered agent.	r the above s e appointme with the provis

11. 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.

12. Names and addresses of officers and/or directors: A. DIRECTORS Louise Mandrell Chairman: ____ Address: P.O. Box 800 102 HAZEL PATH Hendersonville, TN 37077 Vice Chairman: Mary Mandrell Address: P.O. Box 800 148 LA VIEW RD. Hendersonville, TN 37077 Director: Address: Director: Address: В. **OFFICERS** President: Louise Mandrell Address: P.O. Box 800 102 HAZEL PATH Hendersonville, TN 37077 Vice President: Address: Secretary: Mary Mandrell Address: P.O. Box 800 148 LA VIEW RD. Rendersonville, TN 37077 Treasurer: ______ Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Chairman, or any officer listed in number 12 of the application)

Mary Mandrell, Secretary (Typed or printed name and capacity of person signing application)

Secretary of State ·Corporations Section James K. Polk Building, Suite 1800. Nashville, Tennessee 37243-0306

CONTRACTOR AND SERVICE CARS.

SANTARE MARKET CONTRACTOR (SEC. 74). AGAIN.

MAR FREQUALIFICATION DATE: 1.1521 00 TAGE: ACTIVE DEPOS AND DEPOS FRANCE CONTROL NUMBER | 1200 CONTROL NUMBER

MANDRELL, INC. ATU, HARY E HANDRELL PO BOX BOO HENDERSONVILLE, PR 170 11 HANDMELL, THE ATNO HARY MARGARIA FO BOX 800 HENDERGORVICEE, IN OAK TO

CEPTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TERMESSEE DO HEREBY CERTIFY THAT "HANDRELL (1867)

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FRES, TAXES, AND PENALTIES OWNED TO THIS STATE WHISH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BELN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 03708795

RECEIVED:

\$10,00

TOTAL PAYMENT RECEIVED:

\$20,00

HENDERSONVILLE, TN 37075-0000

MANDRELL & BANNON, INC.

RECEIPT NUMBER: 00001765574

FEES

\$10,00



FROM:

713 W HAIN

RILEY C. DARNELL SECRETARY OF STATE

Keley C Darnell