

F99000002815

Rogers, Towers, Et al - Mary Rose
Requestor's Name

106 S. Monroe Street
Address

Tallahassee, Florida 32301
City/State/Zip Phone #

222-7200

200002890892--7
-06/01/99--01081--023
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Acosta - PMI, Inc.
(Corporation Name) (Document #)

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-06/01/99--01081--024
*****35.00 *****35.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time 6-1-99

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

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TALLAHASSEE, FLORIDA

W99-12695

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 1, 1999

ROGERS, TOWERS, ET AL - MARY ROSE
106 S. MONROE STREET
TALLAHASSEE, FL 32301

SUBJECT: ACOSTA - PMI, INC.
Ref. Number: W99000012695

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ACOSTA - PMI, INC. and your check(s) totaling \$198.75. However, the document has not been filed and is being retained in this office for the following:

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 499A00029801

Please return a filed, stamped copy

Thanks

**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. Acosta-PMI, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 59-3522052
(FEI number, if applicable)
4. June 30, 1998
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 1, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6850 Belfort Oaks Place, Jacksonville, FL 32216

(Current mailing address)

8. To transact any and all lawfull business and to exercise all powers granted to corporations by the laws of the State of Delaware.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Roger L. McClung
Office Address: 6850 Belfort Oaks Place
Jacksonville, Florida, 32216
(Zip code)

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TALLAHASSEE, FLORIDA

10. 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.

Roger L. McClung
(Registered agent's signature)

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attachment 1.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See attachment 1.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Roger M. Clung
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Roger McClung
(Typed or printed name and capacity of person signing application)

ATTACHMENT 1

A. DIRECTORS

Chairman: Gary Chartrand
6850 Belfort Oaks Place
Jacksonville, FL 32216

Director: Robert Hill
6850 Belfort Oaks Place
Jacksonville, FL 32216

Director: Bob McCarthy
6850 Belfort Oaks Place
Jacksonville, FL 32216

Director: Roger McClung
6850 Belfort Oaks Place
Jacksonville, FL 32216

Director: John Watkins
6850 Belfort Oaks Place
Jacksonville, FL 32216

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TALLAHASSEE, FLORIDA

B. OFFICERS

President:	Bob McCarthy 6850 Belfort Oaks Pl. Jacksonville, FL 32216	Secretary:	Roger McClung 6850 Belfort Oaks Place Jacksonville, FL 32216
VP Operations North:	Rick Nist 6850 Belfort Oaks Place Jacksonville, FL 32216	Treasurer:	Mike Diaz 6850 Belfort Oaks Place Jacksonville, FL 32216
VP Operations:	Robert Hill 6850 Belfort Oaks Place Jacksonville, FL 32216	Controller:	Sandy Ramsey 6850 Belfort Oaks Place Jacksonville, FL 32216
VP Administration:	Chris Kunze 6850 Belfort Oaks Place Jacksonville, FL 32216		
VP Sales/Marketing:	John Watkins 6850 Belfort Oaks Place Jacksonville, FL 32216		

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACOSTA-PMI, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

2917409 8300

AUTHENTICATION:

9762120

991205383

DATE:

05-24-99