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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

•	ration Section on of Corporations			
SUBJECT:	R Hancock Enterprises, Inc.			
	Name	of corporation	- must include suffix	
Dear Sir or Ma	dam:			
"Certificate of	Application by Foreign C Existence," or "Certificat ed foreign corporation to	e of Good Stand	ding" and check are subn	
Please return al	Il correspondence concerr	ning this matter	to the following:	
Rebecca Hancoc	ck .			
		Name of I	erson	
R Hancock Ente	rprises, Inc.			
		Firm/Com	pany	
101 Legacy Driv	/c			
		Addre	SS	· · · · · · · · · · · · · · · · · · ·
Enterprise, AL 3	6330			
··		City/State ar	id Zip code	
becky@beckyha	ncock.com			
	E-mail addres	ss: (to be used for	or future annual report no	otification)
For further info	ormation concerning this	matter, please ca	all:	
Rebecca Hancoo	k	at (477-9577	
Name	of Person	Area Code	Daytime Teleph	one Number
Registi Divisio The Ce 2415 N	ET/COURIER ADDREST ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 81 assee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	heck for the following am ck payable to: FLORIDA E g Fee	DEPARTMENT ng Fee &	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.

R Hancock E	R Hancock Enterprises, Inc				
(Enter name of "Inc.," "Co.,"	of corporation: must include "INCORPORATED," ' "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
(If name unav	vailable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)			
Alabama 2.	3.				
(State or con	antry under the law of which it is incorporated)	(FEI number, if applicable)			
4. Sept. 6, 2016	5				
(Date of incorporation)		(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)			
7. 101 Legacy D	rive, Enterprise, AL 36330				
	(Principal office	street address)			
· · · · · · · · · · · · · · · · · · ·	(Current mailing a	ddress, if different)			
8. Name and <u>s</u>	treet address of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable)			
Name	Rebecca Hancock	<u> </u>			
Office Address:	1724 Bay Grove Road				
	Freepon	, Florida			
	(City)	(Zip code)			

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 Rebecca Hancock □ Chairman Name: Name: _____ □Chainnan 1724 Bay Grove Rd. □Vice Chairman Address: ☐ Vice Chairman Address: Freeport, FL 32439 Director □ Director **■** President □ President □Vice President □Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □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 DTreasurer. 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.

, Rebecca Hancock, President

WES ALLEN SECRETARY OF STATE ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

STATE OF ALABAMA

I, Wes Allen, Secretary of State of the 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 R Hancock Enterprises, Inc. was formed in Coffee County on September 14, 2016. The Alabama Entity Identification number for this entity is 000-371-741. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



005-215

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.

April 23, 2024

Date

Wes Allen

We Och

Secretary of State