

F24000003361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

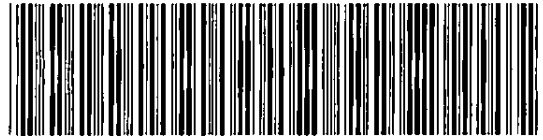
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000077690
W24000058936
W24000046160

Office Use Only



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03/06/24 -01016- -010 *478.75

407 JUN 10 PM 4: 56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2024

NICOLE KIRK
193 BASKET FACTORY DRIVE
AMERICUS, GA 31709 US

SUBJECT: GULF STATES COLD STORAGE COMPANY
Ref. Number: W24000077690

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

Nicole Kirk can not sign for Ron Evans in the Registered Agent's spot. Please have Ron Evans sign instead.,

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) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 724A00011053

RECEIVED
JUN 10 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf States Cold Storage Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicole Kirk

Name of Person

Gulf States Cold Storage Company

Firm/Company

193 Basket Factory Drive

Address

Americus, Georgia 31709

City/State and Zip code

nkirk@gacold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Kirk at (229) 924-6136
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$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. Gulf States Cold Storage Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 202047644
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/20/2004 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 193 Basket Factory Drive, Americus, GA, 31709
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ron Evans

Office Address: 537 Gulf Shore Drive

Destin, Florida 32541
(City) (Zip code)

FILED JUN 10 PM 4:56

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.

Ron Evans

(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: Henry L. Crisp
 Vice Chairman Address: 193 Basket Factory Drive
 Director Americus, GA 31709
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: John L. Crisp
 Vice Chairman Address: 193 Basket Factory Drive
 Director Americus, GA 31709
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Charles F. Crisp
 Vice Chairman Address: 193 Basket Factory Drive
 Director Americus, GA 31709
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Nicole Kirk
 Vice Chairman Address: 193 Basket Factory Drive
 Director Americus, GA 31709
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 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.

12. Nicole Kirk
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.

13. Nicole Kirk
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GULF STATES COLD STORAGE CO.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27173223
Date Inc/Auth/Filed: 12/20/2004
Jurisdiction : Georgia
Print Date : 04/01/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

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