

F04000004775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

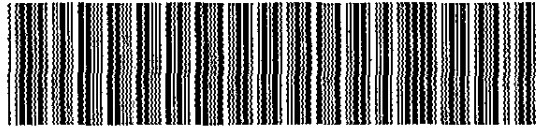
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040281621

08/19/04--01035--016 **70.00

FILED
2004 AUG 19 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red River Specialties Inc
(Name of corporation must include suffix)

FILED
2004 AUG 19 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," 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:

Andy Pierce
(Name of Person)
Red River Specialties Inc
(Firm/Company)
1013 NW Suwannee Ave
(Address)
Dunford, FL 32064
(City/State and Zip code)

For further information concerning this matter, please call:

MELISSA MORGAN at (318) 425-5944
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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. Red River Specialties, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1988 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1013 N. W. Suwannee Ave, Branford, FL 32008
(Principal office address)
P.O. Box 730 Live Oak, FL 32064
(Current mailing address)
8. Herbicide Distributor
(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 NOT acceptable)
- Name: Andy Pierce
- Office Address: 1013 NW Suwannee Ave
Branford, Florida 32064
(City) (Zip code)

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.

Andy Pierce
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
2004 AUG 19 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. OFFICERS

President: William Alexander

Address: 9447 Norris Ferry Rd
Shreveport, LA 71106

^{Secretary}
Vice-President: Michael Vasko

Address: 2259 Landau Lane
Bossier City, LA 71111

^{V. Pres.}
Secretary: John Michael Cage

Address: 108 Bays Hill Dr Benton, LA 71006

Treasurer: _____

Address: _____

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

13. Mike Cage
(Signature of Director or Officer listed in number 12 of the application)

14. Mike Cage, Vice President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

RED RIVER SPECIALTIES, INC.

Domiciled at SHREVEPORT, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on April 08, 1988,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
August 6, 2004

Jox McKeithen
ABA 34302106D

Secretary of State

