# F13000001138

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies		
Special Instructions to I	Filing Officer:	

Office Use Only



300245609603

03/13/13--01012--008 \*\*87.50

FILED

13 HAR 13 PM 1:09

SECRETARY OF STATE

M3/9/13

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Hobbs Auctius Ivc.  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:  Name of Person
Hobbs Auctions Fre.
1870 N MARKe+ St
PARIS. TN 38242
City/State and Zip code  Hobbs Aution Dyahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (73/) 467-4715  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & □ \$78.75 Filing Fee & Certificate of Status  Certified Copy  S87.50 Filing Fee, Certified Copy  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.
Hobbs Auctdons Inc
(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. <u>lennessee</u> 3. 45 45 60'19
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/0/0012 5. perfetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
- 1800 1) north + + Page TN 38742
(Principal office address)
230 B TUSON AU = # 393 PARIS, TN 38242
(Current mailing address)
8. Huction Contracts / sales / machinery
(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)
Clar Palati
Name: CARIS RANDECT
Office Address: 15804 150 FM C+. W.
Jupiter Florida 33478
(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.
A A A A A A A A A A A A A A A A A A A
I have known
(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: FILED A. DIRECTORS 13 MAR 13 PM 1:09 Chairman: SECRETARY OF STATE TALLAHASSLE, FLORIDA Vice Chairman: Address: \_\_\_ Address: \_\_ Director: Address: **B. OFFICERS** President: Address: Vice President: \_\_\_ Address: \_\_ Secretary: \_ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

(Typed or printed name and capacity of person signing application)



## FILED 13 HAR 13 PM 1:09

### STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**JAMES HOBBS** 

230B TYSON AVE # 393 PARIS. TN 38242-4575

February 19, 2013

Request Type: Certificate of Existence/Authorization

Request #:

0089873

Issuance Date: 02/19/2013

Copies Requested:

**Document Receipt** 

Receipt #: 917894

Filing Fee:

\$20.00

Payment-Check/MO - HOBBS AUCTIONS, INC, PARIS, TN

\$20.00

Regarding:

**HOBBS AUCTIONS INC** 

Filing Type:

Corporation For-Profit - Domestic

Formation/Qualification Date: 02/08/2012

Status:

Active

Duration Term:

Perpetual

**Business County: HENRY COUNTY** 

Control #:

678059

Date Formed:

02/08/2012

Formation Locale: TENNESSEE

Verification #: 002520106

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### **HOBBS AUCTIONS INC**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Secretary of State Processed By: Sheila Keeling

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/