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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

2021 NOV 12 PM 3:31

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Milan Rentals, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 NOV 12 AM 11:11
STATE OF FLORIDA

S. FRANKLIN

NOV 15 2021

Electronic Filing Menu

Corporate Filing Menu

Help

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. Milan Rentals, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

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

4. 9/3/2021 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. 317 E Stato Line St South Fulton TN 38257
(Principal office street address)

P.O. Box 5117 South Fulton TN 38257
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg Florida 33702
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total).

2:21 PM 12 PH 3:32

A. DIRECTORS

Chairman Name George Atwood
 Vice Chairman Address _____
 Director 7901 4th St N STE 300
 President St. Petersburg FL 33702
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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

Chairman Name Julio Carter
 Vice Chairman Address _____
 Director 7901 4th St N STE 300
 President St. Petersburg FL 33702
 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 _____

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

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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. _____
 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 §317.155, F.S.

13. Julio Carter, Secretary
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BILL RODGERS
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

October 20, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0441300

Issuance Date: 10/20/2021
Copies Requested: 1

Document Receipt

Receipt #: 006684096
Payment-Credit Card - State Payment Center - CC #: 3816326113
Filing Fee: \$20.00
\$20.00

Regarding: Milan Rentals, Inc.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 09/03/2021
Status: Active
Duration Term: Perpetual
Business County: GIBSON COUNTY
Control #: 1235446
Date Formed: 09/03/2021
Formation Locale: TENNESSEE
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

Milan Rentals, 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, interest, 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 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: Cert Web User

Verification #: 049339540

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