



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 FEB 14 AM 9:24

**Application for Certificate of Authority
 Foreign Business Corporation**
 Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:	
GATOR SIGN COMPANY INC	
2. It is incorporated under the laws of:	MS
3. The name, if different, which it elects to use in Rhode Island is:	
<p>(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:</p> <p>(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:</p>	
4. The date of its incorporation is:	11/17/03
And the period of its duration is: CHECK ONLY ONE BOX	
<input checked="" type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
5. The address of its principal office is:	
1027 KAREY ANDREWS RD MCCOMB MS 39648	

9:24
FILED
 FEB 14 2017
 BY Op 295 624

6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name NORTHWEST REGISTERED AGENT LLC		
Street Address (NOT a P.O. Box) ONE RICHMOND SQUARE STE 125B		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02906

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

SIGN MAINTENANCE

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
DARYL REDDITT	615 JIM LAIRD RD SMITHDALE MS 39664
BART ALLEN	639 TANGLEWOOD DR BROOKHAVEN MS 39601

Check the box to indicate an attachment.

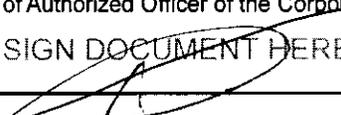
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	DARYL REDDITT	615 JIM LAIRD RD SMITHDALE MS 39664
VICE PRESIDENT	BART ALLEN	639 TANGLEWOOD DR BROOKHAVEN MS
TREASURER		
SECRETARY		

Check the box to indicate an attachment.

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	COMMON		1.00

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:		
\$ 1,270,000.00		
(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:		
\$ 0.00		
(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>		
0 %		
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		
\$ 13,000,000.00		
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.		
\$ 0		
(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>		
0 %		
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.		
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Signature of Authorized Officer of the Corporation	Type or Print Name of Authorized Officer	Date
SIGN DOCUMENT HERE 	DARYL REDDITT	2-9-17

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 17th day of November, 2003, the State of Mississippi issued a Charter Certificate of Authority to:

GATOR SIGN COMPANY INC

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said GATOR SIGN COMPANY INC is in good standing at this time.

Given under my hand and seal of office
the 12th day of January, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

2017 FEB 14 AM 9:24
RECEIVED
R. DEPT. OF STATE
BUSINESS DIV

Certificate Number: CN17032192

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>