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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV
2017 MAR 20 PM 12:15

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, 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 Municipal Code Corporation

2. It is incorporated under the laws of Florida

3. The name, if different, which it elects to use in Rhode Island is:

(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:

N/A

(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:

N/A

4. The date of its incorporation is 3/22/1951 and the period of its duration is Perpetual

5. The address of its principal office is 1700 Capital Circle SW, Tallahassee, FL 32310

6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blvd, Ste 200 (Street Address, not P.O. Box)

Warwick, RI 02888 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code)

that address is Corporation Service Company (Name of Agent)

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

Legal publishing Company

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).

Director Name: A. Lawton Langford - COB Address: PO Box 2235, Tallahassee, FL 32316

Director

Director

Director

FILED

MAR 20 2017

BY [Signature] 098624 12:15

(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).

	<u>Name</u>	<u>Address</u>
President	<u>W. Eric Grant</u>	<u>PO Box 2235, Tallahassee, FL 32316</u>
Vice President	<u>H. E. Grant</u>	<u>PO Box 2235, Tallahassee, FL 32316</u>
Treasurer	_____	_____
Secretary	<u>Michelle S. Eagen</u>	<u>PO Box 2235, Tallahassee, FL 32316</u>

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
<u>12,637</u>	<u>A</u>	<u>—</u>	<u>\$560.76/share</u>
<u>18,069</u>	<u>B</u>	<u>—</u>	<u>\$560.76/share</u>
_____	_____	_____	_____

10. (a) \$ 7,250,000.00 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located.

(b) \$ ∅ = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.

(c) ∅ % = An estimate, expressed as a percentage, of 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. {divide (b) by (a) and multiply by 100 to obtain the percentage}

11. (a) \$ 16,000,000.00 = An estimate of the gross amount of business to be transacted by the corporation during the following year.

(b) \$ 62,026.00 = An estimate 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.

(c) 0.387 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing \_\_\_\_\_

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.

Date: 3/10/2017



Signature of Authorized Officer of the Corporation

W. ERIC GRANT

Type or Print Name of Authorized Officer

# *State of Florida*

## *Department of State*

I certify from the records of this office that MUNICIPAL CODE CORPORATION is a corporation organized under the laws of the State of Florida, filed on March 22, 1951.

The document number of this corporation is 164625.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 28, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Third day of March, 2017*



*Ken Petzner*  
**Secretary of State**

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 20, 2017 12:15 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

