

## SECRETARY OF STATE CORPORATIONS DIV

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

or that purpose submits the following statement:					
1. The name of the corporation is:					
Entech Engineering, Inc.					
2. It is incorporated under the laws of: Tennesse	ee				
3. The name, if different, which it elects to use in Rh	ode Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:					
(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:					
Entech of Rhode Island, Inc.					
4. The date of its incorporation is: 9/6/73					
And the period of its duration is: CHECK ONE BOX	ONLY				
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:		•			
5301 Virginia Way, Suite 140, Brentwood, TN 37027					
6. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name CT Corporation System	•				
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JAN 28 2019

7. The purpose or purpo Mechanical and Electrical			pursue in the	transaction of b	ousiness in Rhode Island are:		
8. (a) The names and re state or country of which	espective address  h it is incorpore	esses of its ated):	directors (op	otional, unless di	rectors are required under the laws of the		
NAME		ADDRESS					
Mitchell D. Simpson 5		5301 Virgi	5301 Virginia Way, Suite 140, Brentwood, TN 37027				
Benjamin L. Hunter		5301 Virginia Way, Suite 140, Brentwood, TN 37027					
Jonathan D. Brown		5301 Virginia Way, Suite 140, Brentwood, TN 37027					
<u> </u>					Check the box to indicate an attachment		
of the state or country o				cers (mandatory	if directors are not required under the laws		
OFFICE		NAME		ADDRESS			
PRESIDENT	Mitchell D. Simpson		5301 Virginia Way, Suite 140, Brentwood, TN 37027				
VICE PRESIDENT	Benjamin L. Hunter		5301 Virginia Way, Suite 140, Brentwood, TN 37027				
TREASURER	Jonathan D. Brown		5301 Virginia Way, Suite 140, Brentwood, TN 37027				
SECRETARY	Jonathan D. Brown		5301 Virginia Way, Suite 140, Brentwood, TN 37027				
					Check the box to indicate an attachment		
<ol><li>The aggregate number par value, and series, if</li></ol>			uthority to is	sue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	S		SERIES	PAR VALUE OR STATE NO PAR VALUE		
1000	Common	<u>.                                    </u>	N/A		No par value		
	during the follo ever located. (i	owing year b	bears to the	value of all prope	of the property of the corporation to be erty of the corporation to be owned during eet.)		
11. An estimate, <b>as a percentage</b> , of 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: Percentage obtained from worksheet.</i> )							
0 %							

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK	ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	the date of filing)
Under penalty of perjury, I declare and affirm that I have examined accompanying attachments, and that all statements contained here	
Type or Print Name of Authorized Officer	Date
Mitchell D. Simpson	1-18-19
Signature of Authorized Officer of the Corporation  SIGN DOCUMEN	T HERE





## BE IT KNOWN THAT

# Entech Engineering, Inc.

qualifications required by law is hereby authorized to practice having given satisfactory evidence of having the

Engineering as a Corporation

Electrical; Mechanical

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 8720

Chairperson

Jan B. adm

Issued: 01/08/2019

Expires: 06/30/2020

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## **Division of Business Services** Department of State

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

MITCHELL D. SIMPSON

5301 VIRGINIA WAY STE 140 BRENTWOOD, TN 37027

January 18, 2019

Request Type: Certificate of Existence/Authorization

Issuance Date: 01/18/2019

Request #:

0303048

Copies Requested:

**Document Receipt** 

Receipt #: 004476015

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3748145638

\$20.00

Regarding:

ENTECH ENGINEERING, INC.

Filing Type:

For-profit Corporation - Domestic

Control #:

31382

Formation/Qualification Date: 09/06/1973

Date Formed:

09/06/1973

Status:

Active

**Duration Term:** 

Perpetual

Formation Locale: TENNES

Business County: WILLIAMSON COUNTY

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

### ENTECH ENGINEERING, 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 filed the most recent 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.

Secretary of State

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