

F0/00000/523

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tom's Electrical Contractors, Inc.
(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", 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:

Thomas J. Motes, Jr.

(Name of Person)

Tom's Electrical Contractors, Inc.

(Firm/Company)

HC 66 Box 67C

(Address)

Salitpa, Alabama 36570

(City/State and Zip code)

100003888981--1
-03/20/01--01104--009
*****87.50 *****87.50

[AL]

For further information concerning this matter, please call:

Glenda L. Motes

(Name of Person)

at (334) 246-9838

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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 &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FILED
01 MAR 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

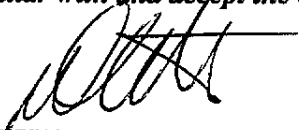
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. Tom's Electrical Contractors, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Alabama 3. 63-0903939
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July, 1985 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. HC 66 Box 67C, Salitpa, AL 36570
(Principal office address)
P. O. Box 127, Jackson, AL 36545
(Current mailing address)
8. electrical contracting
(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 or Mail Drop Box NOT acceptable)
Name: Michael Kenneth Motes, Sr.
Office Address: 4165 Huckleberry Finn Rd.
Milton, Florida 32583
(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.



(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.

FILED
01 MAR 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____ Thomas J. Motes, Jr.

Address: _____ HC 66 Box 11A

_____ Salitpa, AL 36570

Vice President: _____

Address: _____

Secretary: _____ Glenda L. Motes

Address: _____ HC66 Box 67C , Salitpa, AL 36570

Treasurer: _____ Glenda L. Motes

Address: _____ HC66 Box 67C, Salitpa, AL 36570

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____ *Thomas J. Motes Jr.*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____ Thomas J. Motes, Jr., President

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

FILED
01 MAR 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



State of Alabama

Department of Revenue

Certificate of Good Standing

Toms Electrical Contractors Inc, *is in compliance with the requirements in Chapter 14, Title 40, Code of Alabama 1975, prior to its repeal and Chapter 14A, Title 40, Code of Alabama 1975, as applicable through the tax year 2000.*

IN WITNESS WHEREOF, I hereunto set my hand this date of March 14, 2001.

Cynthia Underwood

Director, Individual and Corporate Tax Division

ATTEST:

Lena A. Foster

Secretary

FILED
01 MAR 20 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORIGINAL