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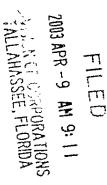
(Rec	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: J.C. Gibson PlA	stering, INC.
(Name of corporation	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r to transact business in Florida.	
Please return all correspondence concerning this matter	·
CARMEN GibSON	
(Name of	Person)
CARMEN Gibson (Name of T. C. Gibson Plastering (Firm/Con	I INC.
(Firm/Co	mpany)
321 Shadow Hills LA	Ne.
(Addr	ress)
DAWSON VILLE, GA. (City/State a	
(City/State a	and Zip code)
For further information concerning this matter, please of	eall:
^	
(Name of Person) at (1706)	1) 864-6433
(Name of Person) (Area (Code & Daytime Telephone Number)
CERTIFICA A PROPERCO	MAY ING ADDRESS
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	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 & \$87.50 Filing Fee, Certified Copy Certified Copy
	designed 27.8 + anithodo
	Oblition + 8.75 Certified Copy Status + 8.75 Certified Copy
	Total \$105,00
	# 102,00

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLÓRIDA

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.
I. C.G. SON PASTER ING TINC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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. Georgi A (State or country under the law of which it is incorporated) 3. 58-132,5523 (FEI number, if applicable)
4. 1984 (Date of incorporation) 5. Perpetual (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. 321 Shadow Hills LANC, DAWSONVIlle, GA. 30534 (Principal office address)
SAME AS ABOUT (Current mailing address)
8. LATH & Plaster commercial building (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: Twice Gibson
Office Address: 10212 Altavista Ave #306
(City), Florida 33647 (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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: NIA Vice Chairman: Address: Director: Address: **B. OFFICERS** President: John C. Gibson Address: 321 Shadow Hills LANC Vice President: ____ Address: _ Secretary: CARMEN H. GibSON Address: 321 Shadow Hills LANE, DAWSONVIlle C.A. 30534 Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

CARMEN H. GibSON

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

J. C. GIBSON PLASTERING INC. CARMEN GIBSON 321 SHADOW HILLS LANE DAWSONVILLE, GA 30534

DOCKET NUMBER CONTROL NUMBER DATE INC/AUTH/FILED: 05/26/1978

: 030970130 : J504961 : GEORGIA

JURISDICTION : 04/07/200 PRINT DATE FORM NUMBER

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

J. C. GIBSON PLASTERING, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

