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(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	1147117D3D1081D11 +
(Business Entity Name)	MJH
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  411 FPC, CCHCUS	
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SEUNITARY OF STATE

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fug & Form, NC, (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 th	e following:	
KENNETH D. STEVENS		
(Name of Person)		
PLY & FORM, INC.		
Please return all correspondence concerning this matter to the following:  KENNETH D, STEVENS  (Name of Person)  FLY & FORM, /NC.  (Firm/Company)  50 LOTT AVE, SUITE #/  (Address)  MARIETTA, GA. 30067  (City/State and Zip code)		
(Address)		
MARIETTA, GA. 30067		
(City/State and Zip code)		
For further information concerning this matter, please call:		
KEN STEVENS at (770) 971-7873  (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
	ILING ADDRESS:	
	istration Section ision of Corporations	
	. Box 6327	
Tallahassee, FL 32399 Tall	ahassee, FL 32314	
Enclosed is a check for the following amount:		
	75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy	

### ÀPPLICATION 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. FLY & FORM, INC.
(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 GEORGIA 3 030400985
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/6/2002 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. 50 LOTT AVE., SUITE#1, MARIETTA, GA. 30067 (Principal office address) (SAME AS ABOVE)
(Principal office address)
(SAME AS ABOVE)
(Current mailing address)
8. CONCRETE FORMWORK For 8
(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: WILLIAM T. ORTON -ES = IT
$-2007$ (let $A_{ij}$ ) $A_{ij}$
FT. LAUDENDALE Florida 333/2-475/ ST 20
Office Address: 2465 CAI CAY LN,  FT. LAUDENDALE, Florida 333/2-475/ City)  (City)  (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.
William T. Onton
(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: Address: Vice Chairman: Address: Director: \_\_ **B. OFFICERS** 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) KENNETHD, STEVENS - PRESIDENT

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

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

CONTROL NUMBER : 0211256
DATE INC/AUTH/FILED: 03/06/2002
JURISDICTION : GEORGIA
PRINT DATE : 04/08/2003
FORM NUMBER : 211

FLY & FORM, INC. KENNETH D. STEVENS 50 LOTT AVENUE SUITE 1 MARIETTA, GA 30067

#### 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 as of the above brint date

GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above of was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation of any other similar document with the Office of the Secretary of State

This certificate relates only to the Tegal existence of the above-named entity as of the print date above. If t 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20030408181723776



Cathy Cox Secretary of State