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SCCRETARY OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Southeastern Industrial Contracting Co., Inc. (Name of corporation - must include suffix)
(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:
Tommy Smith berger (Name of Person)
Southeastern Industrial Contracting Co., Inc. (Firm/Company)
P.O. Boy 200531  (Address)  Cartersville, GA 30121  (City/State and Zip code)
(Address)
Cartersuille, GA 30121
For further information concerning this matter, please call:  Tommy Smithberge (at (770) 38 6-0607  (Name of Person) (Area Code & Daytime Telephone Number)
Tommy Smithberger at (770) 386-0607 77 38 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

## 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. Southeastern Industrial Contracting Co., Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
inc., co., corp. inc., co, or corp. j	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Georgia 3. 58 - ZZ 1 Z 1 9 1 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 1/-29-95 5. Derpetual  (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. NOT applicable - Not transacted any business yet  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	1.
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability)  7. P.O. Box 200531, 539 Old Grassclake Rd GA 3012 O  (Principal office address)	
P.O. Box 200531 Cartersville, 6A 30120 (Current mailing address)	:
8. Service and maintenance European (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(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 NOT acceptable)	7
Name: Tomme Smith borg of Plotted registered agent: (P.O. Box NOI acceptable)	ה כ
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Torright Decoration  Name: 1950 W 49th 5tyeet	
(City) , Florida 33012 (Zip code)	
(City) (Zip code)	٠
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.

Tony Stuttle (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:	
	<del></del> ,
Director:	
Address:	
Director:	
Address:	<del></del>
B. OFFICERS	
President: Tommy Smithburger	
Address: P.O. Boy 200531, 539 Old Grasscla	Lez & al
Cartersville, GA 30121	CRE
Vice President:	ASSET
Address:	EG A
	10. A. 10
Secretary: <u>Doris</u> <u>Smith borger</u> Address: <u>P.O. Box 20053</u> [ <u>Cartersuille</u> , <u>GA 30120</u>	<u> </u>
Address: P.O. Box 20053 [ Cartersuille, GA 30120	
Treasurer:	<del>.</del>
Address:	
NOTED 10	.4
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	nors.
13. (Signature of Director or Officer listed in number 12 of the application)	<u></u>
14. Tommy Smith berger Dresident (Typed or printed name and capacity of person signing application)	
(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

DOCKET NUMBER : 053620914 CONTROL NUMBER : K536350 DATE INC/AUTH/FILED: 11/29/1995 JURISDICTION : GEORGIA : 12/28/2005 : 211 PRINT DATE

FORM NUMBER

SOUTHEASTERN INDUSTRIAL CONTRACTING CO TOMMY SMITHBERGER 539 OLD GRASSDALE ROAD CARTERSVILLE, GA 30120

#### 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

#### SOUTHEASTERN INDUSTRIAL CONTRACTING COMPANY, 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 and 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.

