

F090000002114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

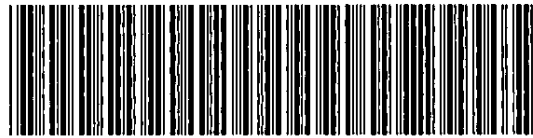
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight MAY 27 2009

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 5/22/09

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

RECEIVED  
09 MAY 22 PM 2:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Corporation Name: Fly + Form Structures, Inc.

Entity Number (if applicable): \_\_\_\_\_

Authorization: Kim Pullen

Certified Copy

New Filings

Fictitious Name

Certificate of Status

Plain Stamped Copy

Annual Report

Amendments

Registration

Call When Ready

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Client: 50912 Matter: 26508

Name: M. Donaldson Office: TLH

**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. Fly & Form Structures, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia

(State or country under the law of which it is incorporated)

3. 26-4426471

(FEI number, if applicable)

4. 02/12/2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 5/2009

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1817 Westgate Parkway Atlanta, GA 30336

(Principal office address)

1817 Westgate Parkway Atlanta, GA 30336

(Current mailing address)

8. Construction

(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)

Name: CFRA, LLC

Office Address: 4221 West Boy Scout Blvd. Suite 1000, 10th Floor

Tampa, Florida 33607

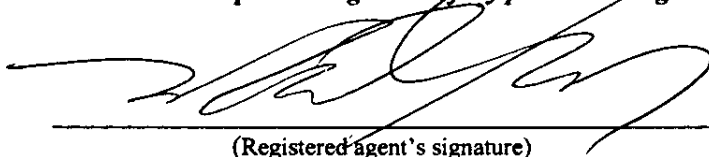
(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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: Ken Stevens  
Address: 1817 Westgate Parkway Atlanta, GA 30336

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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ALACHUA COUNTY, FLORIDA

**B. OFFICERS**

President: Allen Lindsey  
Address: 1817 Westgate Parkway Atlanta, GA 30336

Vice President: Steve Orton , Clifford Brown  
Address: 1817 Westgate Parkway Atlanta, GA 30336

Secretary: Don McEachin  
Address: 1817 Westgate Parkway Atlanta, GA 30336

Treasurer: Don McEachin  
Address: 1817 Westgate Parkway Atlanta, GA 30336

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

13. \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. Ken Stevens, Chairman  
(Typed or printed name and capacity of person signing application)

Control No. 09014634

# STATE OF GEORGIA

## Secretary of State

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### FLY & FORM STRUCTURES, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 02/12/2009 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of April, 2009

Karen C Handel  
Secretary of State