A GOCCOIDS T

(Requestor's Name)
(Address)
(Address)
(waster)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Baseline in the indicate)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
<u>, </u>

Office Use Only



100310116291

03/07/18--01002--001 **195.00

2NI MAR -6 PH 3: 19
SECRETARY OF STATE
FALLAHASSEE, FLORID

DEPARTHENA OF STATE

18 MAR - 6 PM 3: 01

duk OS

COVER LETTER

TO:	Registration Sec Division of Cor						
SUBJ	Top Form	Industrial, Inc.					
3010		Name	of corporation	ı - must include suffi:	X		
Dear S	Sir or Madam:						
"Certi	• •	e," or "Certificate	of Good Star	Authorization to Tranding" and check are ess in Florida.			
Please James	return all corresp Davis	ondence concern	ing this matter	r to the following:			
		· • · · · · · · · · · · · · · · · · · ·	Name of	Person			
1st Un	ited CRS, LLC					ည်းတွင် ကြွေ	2
			Firm/Con	ipany		D 70	<u>=</u> ~
327 H	ollow Creek Ln					HAS	2 - C
-			Addre	ess		- 88 2	32 1
Havan	a, FL 32333					, F. S.	<u>ာ</u> မ
			City/State a	nd Zip code		SE	<u></u>
cc@ur	niteders.com					<u> </u>	
		E-mail address	s: (to be used t	for future annual repo	ort notification)		
For fu	rther information	concerning this n	atter, please o	call:			
James Davis		850	322-7117				
•	Name of Persor	1	at (Area Cod	e Daytime Te	elephone Numbe	er	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check for t	he following amo	ount:				
= \$70	0.00 Filing Fee	S78.75 Filin Certificate of		1 \$78.75 Filing Fee of Certified Copy	Certifi	Filing Feicate of Sied Copy	tatus &

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.

	corporation; must include "INCORPORATED." Corp." "Inc." "Co," or "Corp.")						
Top Form Indu	strial of Georgia, Inc.						
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in	Florida	a)		
GA 2.	3	20-5724366					
(State or count	ry under the law of which it is incorporated) 3.	(FEI number, if applicable)					
09/28/2006 1							
(Date	(Date of incorporation) Perpetual 5. (Date of duration, if other than p						
Upon Registrat	Upon Registration						
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 820 HEMPHILL RD STOCKBRIDGE, GA 30281						
7		1.07	CRETARY	க்	_ LL		
820 HEMPHILI	RD STOCKBRIDGE, GA 30281	al office address)	OF STATE	PH 3:	- DED		
	(Current mailin	g address, if different)	N.C.	5			
	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)					
3. Name and stre							
3. Name and <u>stre</u> Name:	1st United CRS, LLC						
Name:							
	327 HOLLOW CREEK LN						

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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Catherine T Holbrook Chairman: P.O. Box 250 Address: __ McDonough, GA, 30253, USA Vice Chairman: Address: Director: Address: _____ Director: Address: **B. OFFICERS** Address: Vice President: Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Cakin Molk Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Catherine Holbrook / CEO

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

Control Number: 0686300

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the sealest my office that

TOP FORM INDUSTRIAL, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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 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.

Docket Number : 15432657
Date Inc/Auth/Filed: 09/28/2006
Jurisdiction : Georgia
Print Date : 03/06/2018

Form Number 211



B: P. Kemp Secretary of State