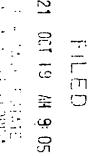


Office Use Only



400373642764

10/13/21--01018--002 **70.00





COVER LETTER

~	tration Section ion of Corporations				
SUBJECT:	Summit Concrete Construction	on, Inc.			
Sobale i.	Name	of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign C f Existence." or "Certificate ced foreign corporation to	e of Good Stand	ing" and check are sub		
Please return	all correspondence concern	ing this matter t	o the following:		
Stephanie Bria	rton				
		Name of P	erson		
Summit Concr	ete Construction, Inc.				
	-	Firm/Comp	any		
1635 Old 41 H	wy NW, Suite 112-331				
		Addres	s		
Lawrenceville.	GA 30043				
<u> </u>		City/State and	d Zip code		
sbriarton@con	cretesummit.com				
	E-mail addres	s: (to be used fo	r future annual report r	notification)	
For further in	formation concerning this t	natter, please ca	11:		
Stephanie Bria	rion	at (678 515-9483, x 101			
Nam	e of Person	Area Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following am eck payable to: FLORIDA D ing Fee	EPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, 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.	Summit Concrete Construction, Inc.							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp,")							
	Summit Concret	te. Inc.						
	(If name unavaila	able in Florida, enter alternate corporate name						
2.	Georgia	3	81-5466031					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	9/27/2016							
	(Date of incorporation)		(Date of duration, if other than perpetual)					
6.								
		(Date first transacted business) (SEE SECTIONS 607.1501 & 607.1						
7	1635 Old 41 Hwy	v. NW, Suite 112-331, Kennesaw, GA 30152	202, 1.01, 10 00	etermine penany n	aomiy,			
7			icc <u>street</u> addr	ress)				
		(Current maili	ng address, if d	lifferent)				
8.	Name and stree	et address of Florida registered agent: (P.) First Corporate Solutions, Inc.	O. Box <u>NOT</u>	_acceptable)	21 OCT			
Of	ffice Address:	155 Office Plaza Drive			119 119			
		Tallahassee	Florid	32301	ED €			
		(City)		(Zip code)	905 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4			
Δ	D. St.	43			-			

9. 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.



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.

A. DIRECTORS	•		
© Chairmán	Name: Leif Owen .	□Chairman	Name:
■Vice Chairman	Address: 2117 Whitekirk Street NW	□Vice Chairman	Address:
Director	Kennesaw, GA 30152	□Director	
■ President		□ President	
■Vice President		□Vice President	
■ Secretary	T reasurer	□ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	□ Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
Director		Director	
□President		□President	-
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	sartment of State Annual Re	enort form
	Signature of Dire	ector or Officer	
The officer or direct she is aware that fars. 817.155, F.S.	etor signing this document (and who is listed in nulse information submitted in a document to the E	umber 11 above) affirms th	hat the facts stated herein are true and that he
Leif Owen, F	President		

Control Number: 16092285

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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Summit Concrete Construction, 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 : 22031635 Date Inc/Auth/Filed: 09/27/2016 Jurisdiction : Georgia Print Date : 10/15/2021 Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State