

F01000000554

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIKROB CABLE CONTRACTORS INC.
(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:

ROBBY GILES

(Name of Person)

MIKROB CABLE CONTRACTORS, INC.

(Firm/Company)

PO BOX 60698

(Address)

NORTH CHARLESTON, S.C. 29419

(City/State and Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 30 AM 10:59

APPROVED
AND
FILED

100003601311--7

-01/30/01--01055--005

*****87.50 *****87.50

For further information concerning this matter, please call:

ROBBY GILES

(Name of Person)

at 843 696-8830

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Will Wait

F01-554
DIVISION OF CORPORATIONS
01 JAN 30 AM 10:53
1/30

**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. MIKROB CABLE CONTRACTORS 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. SOUTH CAROLINA 3. 58-2352033
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOV 12, 1997 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. 308 BLACK OAK BLVD. SUMMERVILLE, SC 29485
(Principal office address)
PO BOX 60698 NORTH CHARLESTON, SC 29419
(Current mailing address)
8. COMMUNICATIONS CONTRACTOR
(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: CT Corporation Systems
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 30 AM 10:59

APPROVED
AND
FILED

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.

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

Connie Bryan
(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: ROBBY GILES

Address: 308 BLACK OAK BLVD
SUMMERVILLE, SC 29485

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ROBERT GILES

Address: 308 BLACK OAK BLVD.
SUMMERVILLE, S.C. 29485

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 30 AM 10:59

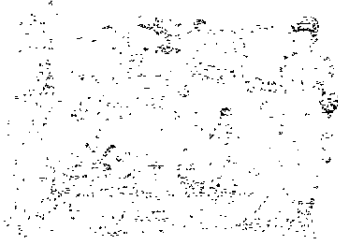
APPROVED
AND
FILED

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

13. Robert Giles
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT GILES PRESIDENT
(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Jim Miles **Certificate of Existence**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

MIKROB CABLE CONTRACTORS, INC.,

a corporation duly organized under the laws of the State of South Carolina on **November 12th, 1997**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 23rd day of
January, 2001.

A handwritten signature of Jim Miles in black ink, written over a horizontal line.

Jim Miles, Secretary of State