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| Special Instructions to F                                      |                   | s of Status |
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SECREDATY OF STATE

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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: GMS Services, Inc.  |  |  |  |  |
| (Name of corporation   | n - must include suffix)   |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida. |  |  |  |  |
| Please return all correspondence concerning this matter  | to the following:  |  |  |  |
| Ms. Barbara Starr, Controller  | ECA<br>LLA   |  |  |  |
| (Name of GMS Services, Inc.  | Person)  |  |  |  |
| (Firm/Co   | mpany)   |  |  |  |
| P.O. Box 2055  | ORIG<br>ORIG   |  |  |  |
| (Addı  | ess)   |  |  |  |
| Tucker GA 30085-2055   |  |  |  |  |
| (City/State a  | and Zip code)  |  |  |  |
| For further information concerning this matter, please of  | all:   |  |  |  |
| Barbara Starr at ( 770   | 938-4692   |  |  |  |
|  | 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   |  |  |  |  |



#### FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 31, 2003

BARBARA STARR GMS SERVICES, INC. P.O. BOX 2055 TUCKER, GA 30085-2055

SUBJECT: GMS SERVICES, INC. Ref. Number: W03000002928

We have received your document for GMS SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 603A00006614

Diane Cushing Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned Danny L. Honeycutt                                    | , do her                               | eby certify              | ,           |                              |
|--|--|--------------------------|-------------|------------------------------|
| (Name) that this Resolution of the Board of Directors ofGMS Services,    |  | SECRETARY OF             | 03 FEB 12 P |                              |
| (Corporate Name)   |  | 유달                       | <u>چې</u>   |                              |
| a corporation duly organized and existing under the laws of the State of | Georgia                                |                          | 300         |                              |
| was duly adopted on February 5,  | ······································ | 2003                     |             |                              |
|  | ·-·                                    |                          | ,           |                              |
| (Corporate Name)   |  |                          |             |                              |
| organized and existing in the State of Georgia                           | _, hereby adopts                       | the name                 |             | -                            |
| GMS Air Conditioning, Inc.   | for use                                | in Flo <del>r</del> ida. |             |                              |
| Dated: February 5, 2003  Signature of either Chairman, Vice Chairman of  | r any officer                          |                          |             |                              |
| Danny L. Honeycutt, Preside Type or print name                           | ent                                    |                          |             | مدة الوجودية موردت ما الأهاث |

# 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. | 1. GMS Services, Inc. |  |      |   |               |                 |                |
|----|-----------------------|--|------|---|---------------|-----------------|----------------|
|    | words or abbrev       | oration; must include the word "INCORPOR viations of like import in language as will cleor partnership if not so contained in the name | arly | y indicate that it is a corporation instead                                 |               |                 |                |
| 2. | Georgia               |  | 3.   | 58-2601965  |               |                 |                |
|    | (State or country     | y under the law of which it is incorporated)   |      | (FEI number, if applicat  | ole)          |                 | •              |
| 4. | 02-13-0 <sup>-</sup>  | 1  | 5.   | perpetual   |               |                 |                |
|    | (Dat                  | te of incorporation)   | ٠.   | (Duration: Year corp. will cease to exi                                     | st or "perpet | ual")           | •              |
| 6. | upon qua              | alification  |      |   |               |                 |                |
|    | (Date first transa    | acted business in Florida. If corporation has (SEE SECTIONS 607.1  |      | transacted business in Florida, insert "uj<br>, 607.1502 and 817.155, F.S.) | oon qualifica | tiers")<br>ယ    | •              |
| 7. | 1641 Roa              | adhaven Drive, Stone Mountain, 0   | ЭА   | 30083-1009  | - <u>F</u> E  |                 | - <del>j</del> |
|    |                       | (Principal office  | addı | ress)   | 100 F         |                 | _              |
|    | P.O. Box              | 2055 Tucker, GA 30085-2055   |      |   | FE,           | <b>N</b> 3      | Ī              |
|    | •                     | (Current mailing   | addı | ress)   | r ST          | 3               |                |
| 8. | HVACR - f             | for profit   |      |   | ORIDA         | <b>4.</b><br>36 | _              |
|    | (Purpose              | (s) of corporation authorized in home state of   | r co | ountry to be carried out in state of Florida                                | 1)            |                 |                |
| 9. | Name and str          | reet address of Florida registered age   | nt:  | (P.O. Box or Mail Drop Box NOT a  | acceptable)   |                 |                |
|    | Name:                 | Kenneth Russell  |      |   |               |                 |                |
| 0  | ffice Address:        | 2166 SE Bercell Rd   |      |   |               |                 |                |
|    |                       | Port St. Lucie   |      | , Florida   |               |                 |                |
|    |                       | (City)   |      | (Zip code)  |               |                 |                |

#### 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:  |                            |
| Address:   |                            |
|  |                            |
| Vice Chairman:   |                            |
| Address:   |                            |
|  |                            |
| Director:  |                            |
| Address:   |                            |
|  | 0.S                        |
| Director:  | F-6                        |
| Address:   | ANSS - B                   |
|  | Fig. 19 m                  |
| D. OVERVOURG   | <del> </del>               |
| B. OFFICERS  Danny I. Honevoutt  | 3: 36<br>TATE<br>ORIDA     |
| President: Danny L. Honeycutt  | <u> </u>                   |
| Address: P.O. Box 2055   | -·                         |
| Tucker GA 30085-2055   |                            |
| Vice President:  |                            |
| Address:   |                            |
| <del></del>  |                            |
| Secretary: Danny L. Honeycutt  |                            |
| Address: P.O. Box 2055 Tucker, GA 30085-2055   |                            |
| Treasurer:   |                            |
| Address:   |                            |
|  |                            |
| NOTE: If Jecessary, you may attach in addendum to the application listing additional | officers and/or directors. |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number           | 12 of the application)     |
| Danny L. Honeycutt, President  | 12 of the approaction)     |
| (Typed or printed name and capacity of person signing applicat                       | ion)                       |

## **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0109888
DATE INC/AUTH/FILED: 02/26/2001
JURISDICTION : GEORGIA
PRINT DATE : 12/12/2002

FORM NUMBER : 211

GMS SERVICES, INC.
BARBARA STARR
1641 ROADHAVEN DRIVE
STONE MOUNTAIN, GA 30083

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do the certify under the seal of my office that as of the above print date

## GMS SERVICES, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20021212193301657



Cathy Cox Secretary of State