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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Truluck Mason (Name of corporation	n - must include suffix)
Dear Sir or Madam:	•,
The enclosed "Application by Foreign Corporation for a "Certificate of Existence", and check are submitted to re to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Kimberly A Truluc	k Bar
(Name of	
Truluck Masonry I	NC (Many)
Rel 70x 2001	
(Addr	ess)
St. George GA. 318	66a
(City/State a	nd Zip code)
-	<u>.</u>
For further information concerning this matter, please c	all:
1) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Kimberty H. Taluck at 412	343-8207 Code & Daytime Telephone Number)
(Name of Person) (Area C	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 X \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy 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. Truluck MASONRY		· · · · · · · · · · · · · · · · · · ·
(Name of corporation; must include the words or abbreviations of like import in la natural person or partnership if not so continued to the continued person or partnership if not so continued to the continued t	inguage as will clearly indicate that it is	
2. Georgia (State or country under the law of which it	3. <u>04-37</u> is incorporated)	FEI number, if applicable)
4. 1-23-03	5. Open	
(Date of incorporation) 6. Upon Qualifation	ρ <u>Ω</u>	r corp. will cease to exist or "perpetual"
(Date first transacted business in Florida, (SEE S	SECTIONS 607.1501, 607.1502 and 81	rss in Florida, insert "upon qualification.") 6
7. R. 1 Box 2001	St. George GI (Principal office address)	A. 31562 Mills
Rt 1 Box 2001	St George GA (Current mailing address)	31562
	(Sarion maning admissor)	["
8. Residential Homes (Purpose(s) of corporation authorize	ed in home state or country to be carried	d out in state of Florida)
9. Name and <u>street address</u> of Florida	registered agent: (P.O. Box or M	ail Drop Box NOT acceptable)
Name: Kelly Britt		to the second se
Office Address: 8537 Strates C	Ċŧ,	*************************************
Jacksonulle (City)	7, Florida	(Zîp code)
		or the above stated corporation at the place ed agent and agree to act in this capacity. I

duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

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	Andrews		
Chairman: Kimberly Attruluck	· · · · · · · · · · · · · · · · · · ·	.,	
St George GA 3151	ه ک		
Vice Chairman:	<u> </u>	;	
Address:		<u>.</u>	
			E S
Director:		<u>-</u>	0 7
Address:		i	7 J.
			1000
Director:			T.
Address:	_		
Address:			
B. OFFICERS	. _		
President: Kim berty A. Truluck			
Address: R+ 1 Box 2001			
St George GA 31563			
Vice President: Larry A. DAVIdSO	.	· <u></u>	
Address: Pt Box 2000			
St George GA 31566 Secretary: Kimberty A. Trulu	Q		مدوسد مد مد بدد
Secretary: Kimberty A. Trulu	ck .		
Address: Rt 1 Box 2001 St	George G	1 31562	٠
Treasurer:	-		
Address:	· <u>=</u>		
NOTE: If necessary, you may attach an addendum to	• •	_	
13. Komboshy A Usukack (Signature of Chairman, Vice Chairm	nan, or any officer lie	sted in number 12 of the	application)
14. Kimberly A. Truluck (Typed or printed name and o	Chair capacity of person si	gning application)	

Secretary of State

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

DOCKET NUMBER CONTROL NUMBER DATE INC/AUTH/FILED: 07/23/2003 JURISDICTION : GEORGIA PRINT DATE FORM NUMBER : 211

: 032680088 : 0340582 : 09/25/2003

KIMBERLY TRULUCK RT 1 BOX 2001 ST GEORGE, GA 31562



CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TRULUCK MASONRY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was, authorized to transact business in Georgia on the above 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 abovenamed 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.



Secretary of State