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(Requ	estor's Name))
(Addre	ess)	<u>-</u>
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(City/S	tate/Zip/Phon	ıe#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docui	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	······································

Office Use Only



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DIVISION OF CONTENSION

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

Division of Corporations	V	
SUBJECT: Longie Roberts (Name of corporation -	postruction Co., Formust include suffix)	
Dear Sir or Madam:	•	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," and check are submitted to registransact business in Florida.		
Please return all correspondence concerning this matter to	the following:	
(Name of Per	rson)	
Lonnie Roberts Constructi		-
POBOX 336		
(Address)	
SParks Georgia 3/64	7	
(City/State and	Zip code)	
For further information concerning this matter, please call: at (A) (Name of Person) (Area Cod	549 - 8447 le & Daytime Telephone Number)	- 2
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 PH 3: 43	
Enclosed is a check for the following amount:	10 To	
	78.75 Filing Fee & Sertified Copy Sertificate 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. Lonnie Roberts Construction Co., Foc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2 (reorgia 3 01-0/0/(0105
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-08-2002 5. "Perfetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. (IDCOMING TOB to Start OPPROX 15-WK of Rug. 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 107/2 College Street Sparks, Georgia 3/647
(Principal office address)
P.D. BOX 336 SParks Georges 31647
(Current mailing address)
8. Sheetmetal erectors
(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 NOT acceptable)
Name: Molly Phillips
100 11th Ct. 1 Alul
Office Address: 609 4" Street NV
Josper , Florida 32052 P SS
(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.
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties;
want that furnished with that the coops are configurated by the configuration of the configur
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1 1100/la Shellers
(Registered agent's signature)

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: Longie Roberts - CEO	·	
Address: POBOL 3360 Sparles, Georgia 3/647		
Vice Chairman:		
Address:		
<u></u>		
Director:		. = -
Address:		
Director:		
Address:		
B. OFFICERS		
President: Longie Roberts - C.EO. Address: PoBox 336 Sparks, Georgia 3/1647		. •
Address: 10.001 236 , 5015, 9 ears 19 31047		
	<u>- </u>	-
Vice President:		
Address:		
	→ 및	
Secretary: Sherry Koberts	- Sic.	经
Address: POBOX 336 SPORKS G9-3/647		
Treasurer: Sherry Roberts	-30 (CORPORATIONS
D-021 321 50 155 100 3/10/10	_ ച	85
Address: 1050x 306 Sparts, Get 0767	3, 43	25
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors.	ω	ŝ
13. (Signature of Director or Officer listed in number 12 of the application)		` . •
14. Sherry Roberts - CFO/ Secretary	. = • = •	
(Typed or printed name and capacity of person signing application)		

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 041960678
CONTROL NUMBER : 0207099
DATE INC/AUTH/FILED: 02/08/2002
JURISDICTION : GEORGIA
PRINT DATE : 07/14/2004

FORM NUMBER : 211

LONNIE ROBERTS CONSTRUCTION CO., INC.

PO BOX 336 SPARKS, GA 316470336

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

LONNIE ROBERTS CONSTRUCTION CO., 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 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.

SECRETARY OF STATE SOUTH GA OFFICE

OF חתר ול הא 1:23



July Cop

Cathy Cox Secretary of State