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## TRANSMITTAL LETTER

Division of Corporations							
SUBJECT: CALVIN LOFTIS ELECTRIC CO., 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:							
CALVIN LOFTIS							
(Name of Person)							
CALVIN LOFTIS ELECTRIC CO., INC.							
(Firm/Company)							
PO BOX 1568 - W04-15639							
(Address)							
MARTON NO 307E2							
MARION, NC 28752 (City/State and Zip code)							
(0.13,0.2.11 2.12 2.1, 0.12)							
For further information concerning this matter, please call:							
CALVIN LOFTIS at (828 ) 724-9281							
(Name of Person) (Area Code & Daytime Telephone Number)							
CALVIN LOFTIS at (828 ) 724-9281  (Name of Person) (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							



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 22, 2004

CALVIN LOFTIS CALVIN LOFTIS ELECTRIC, INC. PO BOX 1568 MARION, NC 28752

SUBJECT: CALVIN LOFTIS ELECTRIC, INC.

Ref. Number: W04000015639

We have received your document for CALVIN LOFTIS ELECTRIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 904A00026744

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DIVISION OF CORPORATIONS

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

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 14, 2004

CALVIN LOFTIS CALVIN LOFTIS ELECTRIC, INC. PO BOX 1568 MARION, NC 28752

SUBJECT: CALVIN LOFTIS ELECTRIC, INC.

Ref. Number: W04000015639

We have received your document for CALVIN LOFTIS ELECTRIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot name the Department of Business & Professional Regulation as your registered agent. Please designate a registered agent and have the registered agent sign line 10, accepting the designation.

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) 245-6958.

Letter Number: 704A00033720

Lee Rivers Document Specialist 191310N OF COM STOTES

## 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. CALVIN LOFTIS ELECTRIC. INC. (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) <u>-------------------------------3. \_\_\_\_\_56-1910198</u> (FEI number, if applicable) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 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.) MARION, NC 28752 (Principal office address) MARION, NC 28752 PO BOX 1568 (Current mailing address) ELECTRICAL CONSTRUCTION (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: Mr. Royald D. Sanders

Address: 159 Beck Hd.

Palatka , Florida 321
(City) (Zip co Office Address: 15 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 dut and I am familiar with and accept the obligations of my position as registered agent.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIREC	CTORS					
Chairman:						· · ·
Address: _			<del> </del>	·····		<del></del>
_						
Vice Chairn	nan:	,				<del></del>
Address: _				<del>_</del>		<u></u>
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Director: _				<u> </u>		<u> </u>
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Director:				<u> </u>	92	DIV
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B. OFFIC	CERS		. ,	-	22	ORPOS OF S
President:	CALVIN LOFTIS		·	<u> </u>	<del></del> . <u></u> လ	
Address: _	6276 BUCK CREEK ROAD	MARION, NC 28752			N	žš
<u></u>						
Vice Presid	ent: <u>ARTHUR C. LOFTIS JR</u>	A		, .		<u></u>
Address: _	8655 BUCK CREEK ROAD	MARION, NC 28752	<u>.                                    </u>			
_				<u> </u>		
Secretary:	CALVIN LOFTIS				-	<del>.</del>
Address: _	6276 BUCK CREEK ROAD	MARION, NC 28752	- · · · · · · · · · · · · · · · · · · ·	 	· · · · · · · · · · · · · · · · · · ·	
Treasurer [/	ALVIN LOFTIS	-	- 	· · · · · · · · · · · · · · · · · · ·		
Address: 62	276 BUCK CREEK ROAD MA	RION. NC 28752			- <u>* * * ·                                </u>	
NOTE: If	necessary, you may attach a	in addendum to the applic	cation listing additional	officers and/or	directors.	
13. <u> </u>	ali Tetter		··			*
	(Signature of Director	or Officer listed in numb	er 12 of the application	)		
14	ALVIN LOFTIS / PRESIDENT	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	(Typed or prin	ted name and capacity of	person signing applica-	tion)		



## State of North Carolina Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

## CALVIN LOFTIS ELECTRIC, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of April, 1995, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

DIVISION OF CORPORATIONS

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2004.

Claire I. Marshall

Secretary of State

Certification Number: 8575488-1 Page: 1 of 1 Ref.# 5939424-ea
Verify this certificate online at www.secretary.state.nc.us/Verification.