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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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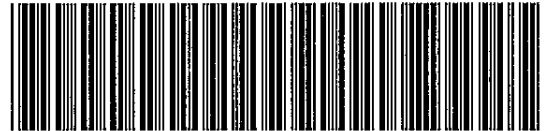
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEF. DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABIN & STRAHAN 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:

ARTHUR A STRAHAN
(Name of Person)

SABIN & STRAHAN CONTRACTORS INC.
(Firm/Company)

40195 MACEDONIA RD #2
(Address)

HAMMOND LA. 70403
(City/State and Zip code)

For further information concerning this matter, please call:

ARTHUR STRAHAN at (985) 320-2197
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

**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. SABIN & STRAHAN CONTRACTORS 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)

2. LOUISIANA 3. 20-099 0279
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/20/04 5. "PERPETUAL"
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40195 MACEDONIA RD. #33 HAMMOND LA. 70403
(Principal office address)

40195 MACEDONIA RD #2 HAMMOND LA. 70403
(Current mailing address)

8. ROOFING CONSTRUCTION AND REPAIR
(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: LONNIE L. STRAHAN

Office Address: 1616 HWY 177

BONIFAY, Florida 32425
(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.

Lonnie L. Strahan
(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:

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04 DEC -1 PM 3:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: ARTHUR R. STRAHAN

Address: 40195 MACEDONIA RD #33
HAMMOND LA. 70403

Vice Chairman: WILLIAM SABIN

Address: PO BOX 1265
ALBANY LA. 70711

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ARTHUR R. STRAHAN

Address: 40195 MACEDONIA RD #33
HAMMOND LA. 70403

Vice President: WILLIAM SABIN

Address: PO BOX 1265 ALBANY LA. 70711

Secretary: _____

Address: _____

Treasurer: _____

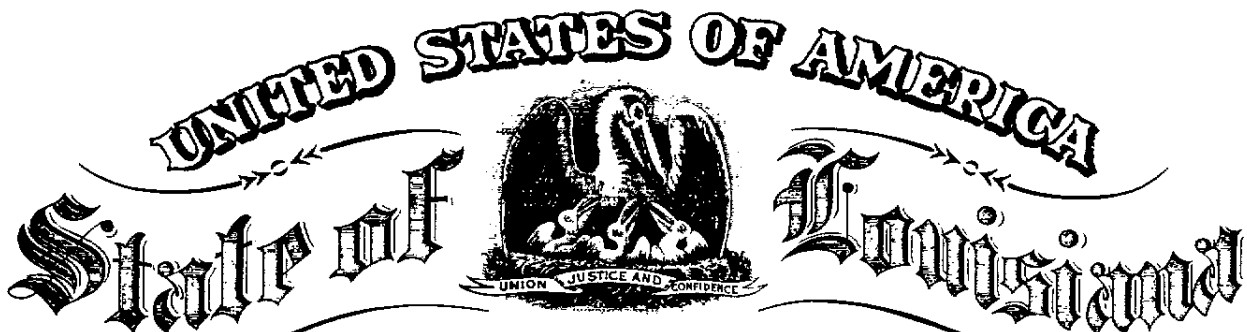
Address: _____

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

13. Arthur R. Strahan
(Signature of Director or Officer listed in number 12 of the application)

14. ARTHUR R. STRAHAN (PRESIDENT)
(Typed or printed name and capacity of person signing application)

FILED
06 DEC -11 PM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



Fox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
SABIN & STRAHAN CONTRACTORS, INC.

A LOUISIANA corporation domiciled at HAMMOND,

Filed charter and qualified to do business in this State on
February 18, 2004,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
October 8, 2004

Fox McKeithen
KRO 35649517D

Secretary of State

