## F04000007202

- (Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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ANASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Voltage Specialist, INC. (Name of proporation - must include suffix)
(Name of torporation - must include suring)
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:
High Voltage Special Truc. See 3
P.O. Box 2120P9
Martinez, GA 30917
(City/State and Zip code)
For further information concerning this matter, please call:    Total P. Agov   Total P.   Solution
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

p.2

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. Enternance of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc." Co.," "Corp." "Inc." "Co," or "Corp.")
11.1111 5 11-1 7 300
(If name whavailable in Florida enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If the purpose of transacting dustriess in Provide)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
8-11-1900
4. (Date of incorporation)  5. (Duration: Year cerp. will cease to exist or "perpetual")
6 NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. TO A Judas Irive, Martinez, 645
P.O. Pay 212089, Martinez, 6A30917
(Current mailing address)
8. Electrical Contractor
(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: CT Corporation System
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(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.

DALE W. MORRIS ASSISTANT VICE PRESIDENT

X

<sup>11.</sup> 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.

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

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
THE TENTH OF THE T
Director:
Address:
Director:
Address:
B. OFFICERS 1.01 D
President: Clifford R. Thomas
Address: 2069 McDade Road
Hephzibah, GA 30P15
Vice President: Frank E. Kuox
Address: 6204 KNOX Drive
Appling, GA 30802
Secretary: Debra A. KNOX
Address: 6204 KNOX Drive, Appling GA 30802
Treasurer: Tara R. Thomas
Address: 2069 Mc Dade Rd. Hephzibah, GA JOS15
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Cignature of Director or Officer listed in number 12 of the application)
To P The Table 1
(Typed or printed name and capacity of person signing application)

X

## **Secretary of State**

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

HIGH VOLTAGE SPECIALISTS, INC. JOHN KNOX 4309A SUDAN DRIVE MARTINEZ, GA 30907 CONTROL NUMBER : K829135
DATE INC/AUTH/FILED: 08/04/1998
JURISDICTION : GEORGIA
PRINT DATE : 12/09/2004

FORM NUMBER : 211

TOWN OF CORP PLONDA

## 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 as of the above print date

HIGH WOLTAGE SPECTALISTS IN 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.

20041209160326752



Cathy Cox Secretary of State