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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor	porations			4		
SUBJE	ECT:	Arc-Rite	Resid	lential	Con	tractors	Inc.
		(Name o	f corporation	n - must inclu	ide suffix)		
Dear Si	r or Madam:						
"Certifi		ion by Foreign Corp e," and check are su rida.					
Please r	eturn all corresp	ondence concerning		to the follow	ing:		
		John	T. 5	wihsor	_		
			(Name of	Person)			
	Are	-Rite R			Contra	dors. 1	nc.
		\sim	(Firm/Co	mpany)			
	1417	3 Sou	th	Fletch	er	Ave.	
		~	(Addı	_			'
		ternand	iha	Beach	<u> </u>	८ 30	1034
			City/State	and Zip code)			· · · · · · · · · · · · · · · · · · ·
For furt	her information	concerning this mat	ter, please c	all:			
Mil	ke Str	rickland at	, 404	7 3	۵٦- ^	7575	
	(Name of Perso	on)	(Area (Code & Dayti	me Teleph	one Number)	
						. w	
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section							
Division of Corporations Division of Corporations							
409 E. Gaines St.				P.O. Box 6327 Tallahassee, FL 32314			
	Tallahassee, FL	32399		1al.	ianassee, P	L 32314	
Enclose	d is a check for	the following amou	nt:				
\$70.0	00 Filing Fee	□ \$78.75 Filing F Certificate of S		\$78.75 Filin Certified Co		Sertification Certified	te of Status &

• APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

2. (State or country under the law of which it is incorporated) 4. (Date of incorporation) A CONE YET 3. (FEI number, if applicable) (Duration: Year corp. will cease to exist on the proof of the p	
1. 12-20-04 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or	
(Date of incorporation) (Duration: Year corp. will cease to exist or	
NONE YET	"perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 1413 South Fletcher Ave. Fern. Beach (Principal office address)	1 7L 3203
• • •	
(Current mailing address)	
residential Construction.	05 1
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	,
Name: John 1. Dwinson	and and
Office Address: 1413 S. Fletcher Ave.	PH 1: 26
Fern Beach, Florida 32034 (City) (Zip code)	37
(City) (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corpor lesignated in this application, I hereby accept the appointment as registered agent and agree to ac	ration at the place
tesignated in this application, i hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete perfo 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.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address: 1413 S. Fletcher Ave.
Fernandina Beach FL 32034
<u></u>
\overline{Q} Λ Ω Ω \overline{Q}
Brunswick GA 31525
vranswick 9/1 31323
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (4) Shi to a Office Vistad in mumber 12 of the application)
(Signature of Director or Officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)
/-NExe or Common common or a large or Control of the control of th

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

CONTROL NUMBER : 0475456
DATE INC/AUTH/FILED: 12/20/2004
JURISDICTION : GEORGIA
PRINT DATE : 03/02/2005
FORM NUMBER : 211

MIKE STRICKLAND 1101 JUNIPER STREET #1424 ATLANTA, GA 30309

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

ARC-RITE RESIDENTIAL CONTRACTORS, INC. 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.

20050302153802064



Cathy Cox Secretary of State