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SECRETARY OF STATE ON THE SECRETARY OF STATE OR PERATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Coley Contracting, Inc.		
	oration - must include suffix)	
Dear Sir or Madam:		
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to	
Please return all correspondence concerning this r	natter to the following:	
Lane Coley		
(Na	me of Person)	
Coley Contracting, Inc.		
(Fir	m/Company)	
P.O. Box 442	and the second of the second o	
	(Address)	
Claxton, Georgia 30417		
(City/S	State and Zip code)	
For further information concerning this matter, ple	ease call:	
Lane Coley at (91:	2) 614-5880	
(Name of Person) (A	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	Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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. Coley Contracting, Inc. (Easts name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "lac.," "Co.," "Corp," "lac," "Co," or "Corp.") Coley Contracting, Curporation (If name unavailable in Florida, anter alternate corporate name adopted for the purpose of transacting business in Florida) 3 20-0563573 2. Georgia (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 09/2003 5 Parpetus) (Date of incorporation) (Duration: Year corp. will coase to exist or "perpetual") 5. Have not transacted business in Florida (Date first wareacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty fiability)

Rt. 1 Box 30-C Cobstown, GA 30420		
	(Principal office address)	

P.O. Box 442 Clexton, GA 30417
(Current mailing address)

*	General Contractor
4	
	(Purpose)a) of corporation authorized in home state or country to be carried out in state of Plorida]
	2. The state of th
^	Manager Company and the Company of t

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: T. Jerry Snider, Esquire

Office Address: 1843 Atlantic Blvd.

Jacksonville ,Florida 32207
(City) (Zip code)

10. Registared 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.

(Registered agent's signature)

11. Attached is a certaficate 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:

SECRETARY OF STATE

A: DIRECTORS

Chairman		<u> </u>
Address:	•	
Vice Chai	irman:	
Address:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Director:		
Address:		
Director:		
Address:		
B. OFFI		DIV
President:	Lane Coley	1 250 1 250
Address:	P.O. Box 442	= X M
	Claxton, GA 30417	7 077
Vice Pres	sident: James W. Cox Jr.	R SST
	4900 Bay Branch Church Rd	84 : 1 XOLL 310 X
	Claxton, Ga 30417	····
Secretary:	Julie Coley	
Treasurer		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	(Signature of Director or Officer listed in number 12 of the application)	
14	(Signature of Drector of Officer listed in number 12 of the application) ANE (at 1 President T) (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

CONTROL NUMBER : 0362842
DATE INC/AUTH/FILED: 11/13/2003
JURISDICTION : GEORGIA
PRINT DATE : 07/11/2005

FORM NUMBER : 211

COLEY CONTRACTING, INC. LANE COLEY COLEY CONTRACTING, INC. P.O. BOX 442 CLAXTON, GA 30417

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

COLEY CONTRACTING, INC., 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.

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Cathy Cox Secretary of State