F05000004665

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	☐ MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



700058328977

08/08/05--01040--020 **78.75

05 AUG -8 PH 1: 1,3

SECRETARING OF STATE
TALLAHASSZELTLORIDA

08/11/05

Up

TRANSMITTAL LETTER

Division of C	
SUBJECT: Right	way Drywall, Inc.
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
	cation by Foreign Corporation for Authorization to Transact Business in Florida," ence," and check are submitted to register the above referenced foreign corporation to Florida.
Please return all corr	espondence concerning this matter to the following:
Michael S. Jenkins	the state of the s
	(Name of Person)
Rightway Drywall, In	0 <u> </u>
	(Firm/Company)
P.O. Box 7017	and the second of the second o
<u></u>	(Address)
Warner Robins, GA	31095-7017
	(City/State and Zip code)
For further informati	on concerning this matter, please call:
Michael S. Jenkins	at (478) 785-8444
(Name of Pe	
STREET AN Registration Division of C 409 E. Gaine Tallahassee,	DDRESS: Section Corporations St. MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check f	or the following amount:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

RIGHTWAY DRYWALL, INC. P. O. BOX 7017

WARNER ROBINS, GA 31095-7017 PHONE 478-785-8444 FAX 478-785-0270

•	LETTER OF TRANSMITTAL	
TO: Division of Corporations	frом. Cindi Taylor	
COMPANY: Registration Section	DATE: 8/2/2005	
Address: 409 E. Gaines Street	JOB NAME	
City, state, zip code. Tallahassee, FL 32399	CONTRACT REFERENCE NUMBER:	
re. – For <u>eig</u> n Corporation Filing	YOUR REFERENCE NUMBER:	
□ URGENT □ FOR REVIEW	□ PLEASE COMMENT □ PLEASE REPLY	☐ PLEASE RECYCLE
NOTES/COMMENTS:		
Business in Florida", our Certif	Application by Foreign Corporation for Au fication of Existence and our check for \$78 ness in FL along with our Certified Copies in	3.75. Please return our
If you have questions, you r	may call me at 478-785-8444.	enclosed
Thank you,		
Cindi Taylor, Rightway Dr	ywall, Inc.	

05 AUG -8 PH 1: 43

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.

I. Rightway Dry	vall, Inc.	* * * 1				e e
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCO Corp," "Inc," "Co," or "Corp.")	RPORATED," "CO	OMPANY," "CO	PRPORATION,"		
	wall Construction, Inc.	· · · · · · · · · · · · · · · · · · ·			<u></u>	
(If name unavai	lable in Florida, enter alternate co	rporate name adopt	ed for the purpos	e of transacting busi	ness in Florida)	
2. Georgia		s:3;		MIA		
(State or country	under the law of which it is inco	rporated)	(FEI n	umber, if applicable	:)	
4. October 6, 19	82	5 Perp	etual	4.7° 8'		
(Dat	e of incorporation)	(Du	ration: Year corp	. will cease to exist	or "perpetual")	
6		. 1		ente Maria de		
		ted business in Flor 501 & 607.1502, F	.S., to determine	penalty liability)		
7.7425 Cocilian	<i>==</i>	pal office address)	<u>=</u>	/ 7 32-		
		,				
P.O. Box 7017	Warner Robins, GA 31095-70		<u> </u>			
	(Currer	t mailing address)			15 OS	CHARLES THE
	wful business		e 1		OS AUG	***************************************
(Purpose(s) of corporation authorized in ho	me state or country	to be carried out	in state of Florida)	တို့ တ	,
9. Name and stre	et address of Florida registered	l agent; (P.O. Box	NOT acceptal	ole)	PH 1: 43	
Name:	Joe Daniels			r a e e	LOFA	-
Office Address:	-2737 Bay Club Drive	<u> </u>	* · · · · · · · · · · · · · · · · · · ·		EA W	ŧ
	Navarre,	¥ <u>(</u>	Florida 32566			
	(City)			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.

(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:

A. DIKE	ECTORS			
Chairman	:			
Address:			_	
Vice Chai	irman:			
Address:				_
Director:				
		-		
Addicss.				
Director				
Address:				
B. OFFI				
President:	Michael S. Jenkins			
Address:	102 Samantha Drive			
	Bonaire, GA 31005	SEC.	05 <u>A</u>	GREATE TO
Vice Presi	ident: Robert Screws	<u>55.</u>	_9. - -	5 g
	P.O. Box 2017	SEE		*
	Vidalia, GA 30475-2017	_E_S	<u> </u>	Procession of the second of th
Secretary:	Pour landing	AIE DRID	: 43	Barrell State Comments
•	102 Samantha Drive Bonaire, GA 31005			
			_	
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or direc	ctors.	
13. 7	May Chan			
, - ,	Signature of Director or Officer listed in number 12 of the application)			
14. Mich				
	(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 : J211872 DATE INC/AUTH/FILED: 10/06/1982 JURISDICTION : GEORGIA PRINT DATE : 08/02/2005

FORM NUMBER

RIGHTWAY DRYWALL, INC. MICHAEL S. JENKINS P.O. BOX 7017 WARNER ROBINS, GA 31095

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary tate of Georgia, do hereby certify under the seal of my office; int date

is in compliance with the appli-of Title 14 of the Official Code egistration provisions

Said entity was formed in the jumes transact business in Georgia on the above dissolution, certificate of cancellation or or was authorized to and has not filed articles of ther similar document with the Office of the Se

tence of the above-named entity fy whether or not a notice of 1, a statement of commencement been filed or is pending with This certificate relates only to tas of the print date above It of intent to dissolve han application of winding up or any other similar of winding up or and the Secretary of State

This information 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.

20050802165219358



Secretary of State