# F05000005334

|                         | *                  |             |
|-------------------------|--------------------|-------------|
| (Re                     | equestor's Name)   |             |
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ity/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ві                     | usiness Entity Na  | me)         |
| (Do                     | ocument Number     | )           |
| Certified Copies        | Certificate        | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
| ame<br>/ailability      |                    |             |
| ocument<br>Examiner     | Office Use Or      | nly         |
| Updarer                 | 200                |             |
| Upca er<br>Verifyer     | enc.               |             |
| Acknowledgement         | DCC                |             |
| W. P. Verifyer          | PCC                |             |



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ZECRETARY OF STATE

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| SUBJECT: PULLEY CORPORATION  |  |  |  |  |  |  |
| (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:  |  |  |  |  |  |  |
| LEE TAM  |  |  |  |  |  |  |
| (Name of Person)   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TAX & ACCOUNTING SERVICES  |  |  |  |  |  |  |
| (Firm/Company)  400 PEACHTREE INDUSTRIAL BLVD STE #6   |  |  |  |  |  |  |
| 100 1 L/ (01 11 11 L 11 10 10 11 11 11 11 11 11 11 11 11 11  |  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |  |
| SUWANEE, GA 30024  |  |  |  |  |  |  |
| (City/State and Zip code)  |  |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |  |
| BRAIN PULLEY <sub>at (</sub> 678 ) 910-9596  |  |  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301  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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy  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                     | RPORATION                                    |     |  |  |
|-----------------------|--|-----|--|--|
|                       | rporation; must include "INCORPORAT          | ED, | " "COMPANY," "CORPORATION,"  |  |
| "Inc.," "Co.," "Col   | rp," "Inc," "Co," or "Corp.")                |     |  |  |
| DDA AFOT              | HETIO OLIDEA OTO                             |     |  |  |
|                       | HETIC SURFACES                               |     | 1 4 1 C. d. C. C. L.   |  |
| ·                     | oie in Piorida, enter afternate corporate na |     | adopted for the purpose of transacting business in Florida)  |  |
| <sub>2.</sub> GEORGIA |  | _3. | 83-0351828   |  |
| (State or country u   | nder the law of which it is incorporated)    |     | (FEI number, if applicable)  |  |
| 4. <u>03/28/2003</u>  |  | 5.  | PERPETUAL  |  |
| (Date of              | of incorporation)                            |     | (Duration: Year corp. will cease to exist or "perpetual")  |  |
| 6. 09/15/2005         | 5  |     |  |  |
|                       |  |     | n Florida, if prior to registration)   |  |
| 700 OUED              | •  |     | 502, F.S., to determine penalty liability)   |  |
| 7. 128 SHERI          | WOOD TERRACE DRIVE                           |     |  |  |
| 100 DE 10             | (Principal office                            |     | The same of the sa |  |
| 400 PEAC              | HTREE INDUSTRIAL B                           |     |  |  |
|                       | (Current mailing                             | add | ress)  |  |
| . RESURE              | ACES THE DRIVE WAY                           | ΔN  | ID OTHER CONSTRUCTION WORKS  |  |
| Ų                     |  |     | ountry to be carried out in state of Florida)  |  |
|                       | -  |     | ,  |  |
| 9. Name and street    | address of Florida registered agent: (       | P.C | D. Box NOT acceptable)   |  |
| Name:                 | RICHARD B PULLEY                             |     | <u></u>  |  |
| Office Address:       | 728 SHERWOOD TERRACE DRIVE #102              |     |  |  |
|                       | ORLANDO                                      |     | , Florida 32818  |  |
|                       | (City)                                       |     | (Zip code)   |  |
| 10 Registered ago     | ent's accentance:                            |     |  |  |

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:

(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 : 0319165 DATE INC/AUTH/FILED: 03/28/2003 JURISDICTION : GEORGIA PRINT DATE : 09/02/2005

FORM NUMBER : 211

TAX & ACCOUNTING SERVICES
LEE TAM
400 PEACHTREE INDUSTRIAL BLVD
STE #6
SUWANEE, GA 30024

#### 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

PULLEY CORPORATION

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 likeduarticles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State

This certificate telates 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.

20050902195508133.



Cathy Cox Secretary of State