F05000005993

(Re	questor's Name)	······································
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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		, [.
		MM

Office Use Only



800060434938

10/14/05--01088---005 ** 78.75



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: W. B. WALLIS & COMPAN	TY
(Name of corp	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
JEANETTE MILLER	
(Nat	me of Person)
W. B. WALLIS & COMPANY	
(Fire	m/Company)
540 KENTUCKY ST. P. O. BOX 8	47
	(Address)
SCOTTDALE, GA 30079	- A
(City/S	state and Zip code)
For further information concerning this matter, ple	(Address) State and Zip code) Passe call:
JEANETTE MILLER at (4	04) 294–7615
(Name of Person) (A	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	······································
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee X \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLURIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavailab	le in Florida, onter alternate co	rporate name ado	pted for the purpose of transacting business in Florida)	•
2. GRORGIA	der the law of which it is incor	3, <u>5</u>	8-2122237 (FEI number, if applicable)	
4. <u>07/15/1994</u> (Date ni	fincorporation)	5	Ouration: Year corp. will cease to exist or "perpetual")	
6.				
· · · · · · · · · · · · · · · · · · ·			orida, if prior to registration) F.S., to determine penalty liability)	
, 540 KENTUC	KY ST. SCOTTDALE, G			
/		al office address)	(원
P. O. BOX	847 SCOTTDALE, G	A 30079	·	, '
		mailing address)	. `
8. HVAC MECHA	NIGAL CONTRACTORS			202
(Purpose(s) o	f corporation authorized in hor	ne state or count	ry to be carried out in state of Florida)	
	·			लल
	ddress of Florida registered		ox <u>NOT</u> acceptable)	
		agent: (P.O. B	ox <u>NOT</u> acceptable)	豆而
9. Name and street a	ddress of Florida registered	agent: (P.O. B	ox <u>NOT</u> acceptable)	ĐÃ.
9. Name and street a	ddress of Florida registered CT CORPORATION S 1200 S. PIME ISL	agent: (P.O. B		DA.
9. Name and street a	ddress of Florida registered CT CORPORATION S 1200 S. PIME ISL	agent: (P.O. B	ox <u>NOT</u> acceptable) , Florida	DA TO
9. Name and street a Name: Office Address: -	ddress of Florida registered CT CORPORATION S 1200 S. PIME ISL PLANTATION (City)	agent: (P.O. B		DA TO
9. Name and street a Name: Office Address: - 10. Registered agen	ddress of Florida registered CT CORPORATION S 1200 S. PIME ISL PLANTATION (City) t's acceptance:	agent: (P.O. B	, Florida <u>33324</u> (Zip code)	ilace
9. Name and street a Name: Office Address: 10. Registered agen Having been named designated in this ap	CT CORPORATION S 1200 S. PINE ISL PLANTATION (City) t's acceptance: as registered agent and to a plication, I hereby accept the	agent: (P.O. B VSTEM AND RD. Ancept service of the appointment	Florida 33324 (Zip code) sprocess for the above stated corporation at the place of the component of of th	ity. I
9. Name and street a Name: Office Address: 10. Registered agen Having been named designated in this ap further agree to com	CT CORPORATION S 1200 S. PIME ISL PLANTATION (City) t's acceptance: as registered agent and to a plication, I hereby accept the ply with the provisions of accept with the provisions with the p	agent: (P.O. B	, Florida 33324 (Zip code) f process for the above stated corporation at the part is registered agent and agree to act in this capacitive to the proper and complete performance of my	ity. I
9. Name and street a Name: Office Address: 10. Registered agen Having been named designated in this ap further agree to com	CT CORPORATION S 1200 S. PINE ISL PLANTATION (City) t's acceptance: as registered agent and to a plication, I hereby accept the	agent: (P.O. B	, Florida 33324 (Zip code) f process for the above stated corporation at the part is registered agent and agree to act in this capacitive to the proper and complete performance of my	ity. I
9. Name and street a Name: Office Address: 10. Registered agen Having been named designated in this ap further agree to com	CT CORPORATION S 1200 S. PIME ISL PLANTATION (City) t's acceptance: as registered agent and to a plication, I hereby accept the ply with the provisions of accept with the provisions with the p	agent: (P.O. B	Florida 33324 (Zip code) f process for the above stated corporation at the part as registered agent and agree to act in this capacitive to the proper and complete performance of my on as registered agent. MARY R. ADAMS	ity. I
9. Name and street a Name: Office Address: 10. Registered agen Having been named designated in this ap further agree to com	CT CORPORATION S 1200 S. PIME ISL PLANTATION (City) t's acceptance: as registered agent and to a plication, I hereby accept the ply with the provisions of accept with the provisions with the p	agent: (P.O. B	, Florida 33324 (Zip code) f process for the above stated corporation at the part is registered agent and agree to act in this capacitive to the proper and complete performance of my	ity. I

- 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:

*1
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1

A. DIRECT	ORS		
Chairman:			
Address:			
Vice Chairman	1:		
Address:		<u>.</u>	<u> </u>
··			···
Director:			
Address:			
Director:			
Address:			
		74	65 0 67
B. OFFICE	RS		CT 1
President:	WM. BARRY WALLIS		
	8185 HABERSHAM WATERS RD.		
	DUNWOODY, GA 30350		 - -
Vice President	JOHN HELMS		
Address:	982 WINALL DOWN RD. ATLANTA, GA 30319		
Secretary:	ANNE T. WALLIS		
Address:	8185 HABERSHAM WATERS RD. DUNWOODY, GA 30350		
Treasurer:	ANNE T. WALLIS		
Address:	8185 HABERSHAM WATERS RD. DUNWOODY, GA 30350		
NOTE: If ne	essary, you may attach an adderdum to the application listing additional officers and/or dire	ectors.	
13. <u>//</u>	M. Dany Wolli		
	(Signature of irector or Officer listed in number 12 of the application)		
14. <u>wm.</u>	RARRY WALLIS, PRESIDENT (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 : K418087
DATE INC/AUTH/FILED: 07/15/1994
JURISDICTION : GEORGIA
PRINT DATE : 10/10/2005
FORM NUMBER : 211

W. B. WALLIS & COMPANY WM. BARRY WALLIS P. O. BOX 847 SCOTTDALE, GA 30079

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

W.B. WALLIS & COMPANY 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.

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Cathy Cox Secretary of State