

**FD50000006272**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

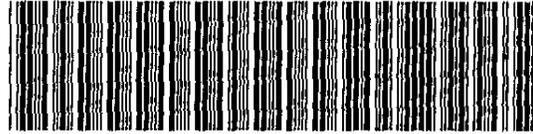
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200060906072

10/27/05--01011 -004 ++\$2.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 27 PM 2:41

N. Culligan OCT 27 2005

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIOLOGY GROUP CONTRACTORS, INC.  
(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:

FELINA BERKHAN  
(Name of Person)

TRIOLOGY GROUP CONTRACTORS, INC.  
(Firm/Company)

100 SUMMER BREEZE GLEN  
(Address)

SUGAR HILL, GA 30518  
(City/State and Zip code)

For further information concerning this matter, please call:

FELINA BERKHAN at ( 770 ) 932-7855  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center 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 & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & 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. TRILOGY GROUP CONTRACTORS, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA (State or country under the law of which it is incorporated) 3. 20-3066063 (FEI number, if applicable)

4. 6-27-05 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 SUMMER BREEZE GLEN, SUGAR HILL, GA 30518 (Principal office address) 100 SUMMER BREEZE GLEN, SUGAR HILL, GA 30518 (Current mailing address)

8. CONSTRUCTION-RELATED SERVICES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CLAY BERKHAN Office Address: 5597 U.S. Hwy 98 WEST, STE. 200 SANTA ROSA, Florida 32459 (City) (Zip code)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 27 PM 2:41

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.

Clay Berkhan (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. DIRECTORS**

Chairman: FELINA BERKMAN

Address: 100 SUMMER BREEZE GLEN  
SUGAR HILL, GA 30518

Vice Chairman: CLAY BERKMAN

Address: 5597 U.S. HIGHWAY 98 WEST, SE. 250  
SANTA ROSA, FL 32459

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: FELINA BERKMAN

Address: 100 SUMMER BREEZE GLEN  
SUGAR HILL, GA 30518

Vice President: CLAY BERKMAN

Address: 5597 U.S. HWY 98 WEST, SE. 250  
SANTA ROSA, FL 32459

Secretary: \_\_\_\_\_

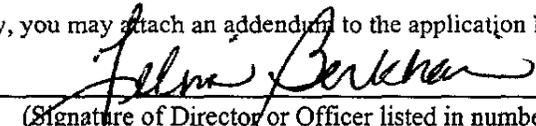
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 27 PM 2:41

**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. FELINA BERKMAN  
(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 : 0546690  
DATE INC/AUTH/FILED: 06/27/2005  
JURISDICTION : GEORGIA  
PRINT DATE : 10/17/2005  
FORM NUMBER : 211

MICHAEL WARREN  
2498 JETT FERRY RD. , STE. 203  
DUNWOODY, GA 30338

**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

**TRILOGY GROUP 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.

20051017165107568



A handwritten signature in black ink, appearing to read "Cathy Cox". The signature is fluid and cursive, written over a white background.

Cathy Cox  
Secretary of State