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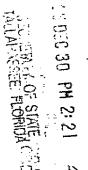
| (Re | equestor's Name) | |
|---|--------------------|-----------|
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

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| TO: Registration Section Division of Corporations | TALLAHASSEE, FLORIDA |
|---|---|
| SUBJECT: ASA Engineering and (Name of corpor | Surveying . Inc. |
| (Name of corpor | ation - must actude suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida. | for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to |
| Please return all correspondence concerning this ma | atter to the following: |
| TESF D | Moxley |
| (Nam | Mox/e of Person) |
| ASA Engineeri | Company) |
| (Firefo | Company) |
| 105 W. Cen | tral Avenue Mail to: P.O. Box 43 |
| (A | Address) |
| 1 | ate and Zip code) |
| (City/St | ate and Zip code) |
| For further information concerning this matter, plea | ise call: |
| JEST D. Moxley at 12 | 9 244-0596 |
| Name of Person) at (22) | rea 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 & \$87.50 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. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. | (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," |
|----|---|
| | (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 3. 58-232/457 59 (State or eduntry under the law of which it is incorporated) (FEI number, if applicable) |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. | Ob/06/1997 [Date of incorporation] 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") |
| | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| , | 11/4 |
| 6. | (Date first transacted business in Florida, if prior to registration) |
| | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| _ | 105 W Rowled Aver 1/1/4-1- CA 3/10/ |
| /. | 105 W. Central Avenue Valdosta, GA 31601 (Principal office address) P-0. Box 430 Valdosta, GA 31603 (Current mailing address) |
| | O. A. |
| | 1-0. 150x 430 Valdasta, GA 31603 |
| | (Current mailing address) |
| | |
| 8. | Engineering, Surveying and Ingsulting Sorvices Professional (Ourpose(s) of gorporation authorized in home state or country to be carried out in state of Florida) |
| | (Durpose(s) of porporation 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: JOMAS Brent Whitman |
| 0 | ffice Address: 269 NE Ridge Loop |
| | Madeson FL 32340, Florida 32340 |
| | (City) (Zip code) |
| | (Eny) |

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.

- 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;

Signature of Director or Officer listed in number 12 of the application)

Teff D. Moxley, General Manager
(Typed or printed name and capacity of person signing application)

Chairman: Albert E. Slane, RLS, President

A. DIRECTORS

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K721236
DATE INC/AUTH/FILED: 06/06/1997
JURISDICTION : GEORGIA
PRINT DATE : 12/21/2005

FORM NUMBER : 211

ASA ENGINEERING & SURVEYING, INC. ERIN WILLIS 105 W CENTRAL AVENUE VALDOSTA, GA 31601 CS DEC 30 FM 2: 21

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 brint date

Y ORONGIA PROKIT FORFORYTION

is in compliance with the appricable filing and annual registration provisions of Title 14 of the Official Code of Ceorgia 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 tabcellation or any other similar document with the Office of the Secretary of State.

This certificate belates 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.

20051221180808511



Cathy Cox
Secretary of State