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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. Burch JUN 13 2006

#### TRANSMITTAL LETTER

SUBJECT: HARVEST CONSTRUCTION INC.

**TO:** Registration Section Division of Corporations

(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:
MICHAEL R. CRANE  (Name of Person)  HARVEST CONSTRUCTION, INC.  (Firm/Company)  3124 SMOKEY RD.  (Address)  NEWMIN GA 30263  (City/State and Zip code)
(Name of Person)
HARVEST CONSTRUCTION, INC.
(Firm/Company)
3124 SMOKEY RD.
(Address)
NEWMN GA 30263
(City/State and Zip code)
For further information concerning this matter, please call:  MICHAELR. CRANE  at (404) 788-0072  (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  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  \$\ \( \text{Status} \) \$78.75 Filing Fee &  □ \$78.75 Filing Fee &  □ \$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.

	EST CUSTOM BUILDEES, illable in Florida, enter alternate corporate name adopt	ted for the purpose of transacting business in Florida)	
2 GEON	2GLA3	58-2115607 (FEI number, if applicable)	
(State or count			
4. <u>Ole</u>		ERPETUAL	
•		tration: Year corp. will cease to exist or "perpetual")	
	QUALIFICATION	sacted business in Florida, insert "upon qualification.")	
(Date 111st dans	(SEE SECTIONS 607.1501, 607.		
7 3124	SMOKEY RO. NEWNAN	GA. 30763	
	(Principal office address)	- Fo	~
3124	3.00	<u>4A 30263</u> ≧	300
10' ''' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(Current mailing address)		₩.
•			
· AFAR	EDGI. CONTRACTING/CONSTRU	<b>いる</b>	<u> </u>
	ERAL CONTRACTINE/CONSTRU		-7 A
(Purpos	e(s) of corporation authorized in home state or country	v to be carried out in state of Florida)	-7 AH 8
9. Name and s	e(s) of corporation authorized in home state or country treet address of Florida registered agent; (P.O.	v to be carried out in state of Florida)	-7 M 8 I
9. Name and s	e(s) of emporation authorized in home state or country rect address of Florida registered agent; (P.O. NRAI Services, Inc.	v to be carried out in state of Florida)	
9. Name and s	e(s) of corporation authorized in home state or country treet address of Florida registered agent; (P.O.	v to be carried out in state of Florida)	
9. Name and s	e(s) of emporation authorized in home state or country rect address of Florida registered agent; (P.O. NRAI Services, Inc.	v to be carried out in state of Florida)	
9. Name and s	e(s) of corporation authorized in home state or country treet address of Florida registered agent; (P.O. NRAI Services, Inc. 2731 Executive Park Drive, Suite 4	to be carried out in state of Florida)  Box or Mail Drop Box NOT acceptable)	
(Purpos  9. Name and s  Name:  Office Address:  10. Registered  Having been no	rect address of Florida registered agent: (P.O. NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:  med as registered agent and to accept service of	to be carried out in state of Florida)  Box or Mail Drop Box NOT acceptable)  Florida 33331  (Zip code)  Forcess for the above stated corporation at the plant of	8: 17
(Purpos  9. Name and s  Name:  Office Address:  10. Registered Having been no designated in the	rect address of Florida registered agent: (P.O. NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:  med as registered agent and to accept service of the appointment	to be carried out in state of Florida)  Box or Mail Drop Box NOT acceptable)  Florida 33331  (Zip code)  f process for the above stated corporation at the place of the state of Florida as registered agent and agree to act in this capacity.	ece ty. I
(Purpos  9. Name and s  Name:  Office Address:  10. Registered Having been no designated in the further agree to	rect address of Florida registered agent: (P.O. NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:  med as registered agent and to accept service of the appointment	to be carried out in state of Florida)  Box or Mail Drop Box NOT acceptable)  Florida 33331  (Zip code)  f process for the above stated corporation at the plast registered agent and agree to act in this capacity to the proper and complete performance of my	ece ty. I
(Purpos  9. Name and s  Name:  Office Address:  10. Registered Having been no designated in the further agree to	rect address of Florida registered agent: (P.O. NRAI Services, Inc.  2731 Executive Park Drive, Suite 4  Weston  (City)  agent's acceptance:  med as registered agent and to accept service of his application, I hereby accept the appointment occupily with the provisions of all statutes relative.	to be carried out in state of Florida)  Box or Mail Drop Box NOT acceptable)  Florida 33331  (Zip code)  f process for the above stated corporation at the plast registered agent and agree to act in this capacity to the proper and complete performance of my	ece ty. I

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:			
Address:			
Vice Chairman:		•	
Address:	TAEC SES	2005	
	AR	JE I	<u>m</u>
Director:	SSE	-7	<u></u>
Address:	<u> </u>	A	0
	ORD	<del>~</del>	
Director:	D'''	7	
Address:			
B. OFFICERS			
President: Tracky T. Crank			
Address: 3124 Smokey Road			
Newnan, 60 30263			
Vice President: Tracky T. Crank			
Address: 3124 Smokly Road			
Newnan, Gai 30263			
Secretary: Michael R. Crane			
Address: 3124 Smokey Road Newhan GA 30263			
Treasurer: Michael R. Crane			
Address: 3124 Smokey Road Newman, Ga 30243			
NOTE: 10 11 11 11 11 11 11 11 11 11 11 11 11	4		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	r airector	rs.	
(Signature of Director or Officer listed in number 12 of the application)			
11 MICHAEL ROBERT CRAVE SECRETARY			
(Typed or printed name and capacity of person signing application)			

Control No. K414176

## STATE OF GEORGIA

## Secretary of State

... Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### HARVEST CONSTRUCTION, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/02/1994 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of May, 2006

Cathy Cox Secretary of State

Certification Number: 76908-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp