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Special Instructions to	Filing Officer:		
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Office Use Only



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SECRETARY OF STATE OF STATE

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COVER LETTER

TO:	O: New Filing Section Division of Corporations					,
SUBJ	ECT:	Tolivec	Electric	cal	COMPONY	Inc.
		(Na	me of corporati	on - m	ust include suffix)
Dear S	ir or Madam	:				
"Certif		tence," and check a				act Business in Florida," enced foreign corporation to
Please	return all co	rrespondence conce	rning this matte	r to the	e following:	
	Micha	IL. Tol	ivec		•	
			(Name o		•	
	<u>Coliner</u>	Electric o	"/ Cow	<i>b d</i> ²	y. Inc	
			(FILID/C	ompan	y)	
	P. O.	Bax 1161				
			. (Add	iress)		
	scon.te	· Quan	y , N c		28012	
		Quarr	(City/State	and Zi	ip code)	
For fur	ther informa	tion concerning this	matter, please	call:		
w:c	hael L	Tellus	3.40		220 02	. .
	(Name of I	Person)	_ at (Code	& Daytime Telen	hone Number)
	(14ame of 1	ÇISON)	(Alca	Code	æ Daytille Telep	none rumber)
		•				
	STREET/COURIER ADDRESS: MAILING ADDRESS:					
New Filing Section Division of Corporations			New Filing Section Division of Corporations			
Clifton Building			P.O. Box 6327			
		utive Center Circle e, FL 32301			Tallahassee,	
Enclos	ed is a check	for the following a	mount:			
\$7 0.	00 Filing Fe		ing Fee & te of Status		75 Filing Fee & tified 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co.," or "Corp.")	
(If name unavailable in Plorida, enter afternate corporate name adopted for the purpose of transacting business in	Florida)
2 North Carelina 3 56- 2066263	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 3-17-98 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "per	
(Date of incorporation) (Duration: Year corp. will cease to exist or "per	petual")
a upon qualification	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability)	0 0 0
1 1028 5 Main St. Gean Le Quarry, NC	3018 155CR
P.O. BOX 1167 Gravite QUARTY, NC 28072	2 94
(Current mailing address)	- CX
8. Electrical Contractor	AH 8:
(Purpose(s) of corporation authorized in home state or country to be carried out in state of riorida)	. 16
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	· ن ن ن
Name: CT. Corporation System	
Office Address: 1200 South Pine Island Road	
Plantation, Florida 33324 (City) (Zip code)	

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 standes 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.

Once 66. Morris ASSISTANT VICE PRESIDENT
(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 ar	nd business addresses of officers and/or directors:	# ILEU
A. DIRECT	ORS	SECRETARY OF STATE DIVISION OF CORPORATIONS
Chairman:	Michael L. Toliver	06 JUL 21 AM 8: 16
	PO Box 1167	
	N 1 1 N	
	K	
	·	
Director:		
Director:		
-		
B. OFFICE	28	
	Michael L. Toliver	
_	Sox 1167	
	1.0	
Address:		
	Vichael Toliver	
	PO Box 167 Granite Quarry	, NC 28072
	Michael L. Tolivec	
Address:	to Box 167 Granite Quarry,	NC 28072
NOTE: If ne	cessary, you may attach an addendum to the application listing ad-	ditional officers and/or directors
	ocessary, you may attach an addendant to the apprecation listing and	attional officers and/or directors.
13.	(Signature of Director or Officer listed in number 12 of the	ne application)
14	Michael L. Toliver	
	(Typed or printed name and capacity of person signing	application)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TOLIVER ELECTRICAL COMPANY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of March, 1998, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

SECRETARY OF SIATE DIVISION OF CORPORATIONS

06 JUL 21 AH 8: 16



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of July, 2006

Secretary of State

6 laine I. Marshall

Certification# 85864099-1 Reference# 8306372-ea Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification