# F07000004962

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

### **COVER LETTER**

TO:	New Filing Section Division of Corporations							
SUBJ		tlec of corp	Supple poration - mo	1 Con par	XÚ V(x			_
Dear S	ir or Madam:							
"Certif	iclosed "Application by Foreign Corplicate of Existence," and check are su to business in Florida.							to
Please	return all correspondence concerning	this r	natter to the	following:				
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		(Fir	m/Company	)	····			
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For fur	ther information concerning this mat		ease call:			TARY OF STA ASSEE, FLO	1-5 P 3:	1
	(Name of Person)	(4	Area Code &	Daytime Telep	ohone Nun	nber)		
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING New Filing Division of P.O. Box 63 Tallahassee,	Section Corporation 27	ons		
Enclos	ed is a check for the following amou	ıt:						
<b>]\$</b> 70.	00 Filing Fee \$78.75 Filing F  Certificate of			5 Filing Fee & fied Copy	C	.50 Filing ertificate ertified C	of Statu	ıs &

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September 25, 2007

TONIA SMITH P.O. BOX 24477 MACON, GA 31212

SUBJECT: BUTLER SUPPLY COMPANY

Ref. Number: W07000047452

We have received your document for BUTLER SUPPLY COMPANY and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 707A00056220

Diane Cushing Document Specialist Supervisor

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  1. Center name of corporation; must include "INCORPORATED," "COMPANY," "COMPANY	STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "C "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name adopted for the purp	ose of transacting business in Florida)
2. Congia 3. State or country under the law of which it is incorporated) (FEI	517172
(State or country under the law of which it is incorporated) (FE	number, if applicable)
10.70	
(Date of incorporation) (Duration: Year co	orp. will cease to exist or "perpetual")
6.	***************************************
(Date first transacted business in Florida, if prior to r (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine	egistration) se penalty liability)
1 1 0 1 1 1 00	31204
(Principal office address)	
1.0. Box 24477 Macon, GA 31	212
(Current mailing address)	
· N.L.D. to	īAS D
(Purpose(s) of corporation authorized in home state or country to be carried o	ut in state of Florida
9. Name and street address of Florida registered agent: (P.O. Box NOT accept	
Λ. Ι	(% × 5
Name: Roger Alexander	
Office Address: 5/62 Saddle Horn D-5	
Jacksonville, Florida 3' (City)	225 <i>7</i>
(City) (Z	ip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the designated in this application, I hereby accept the appointment as registered a	
further agree to comply with the provisions of all statutes relative to the prope	r and complete performance of my duties
and I am familiar with and accept the obligations of my position as registered	agent.
& Gog Cleran	
(Begistered agent's signature)	

under the law of which it is incorporated.

A. DIRECTORS Chairman: Vice Chairman: \_\_\_ Address: \_\_ Director: Address: \_ Director: Address: **B. OFFICERS** President: Address: Vice President: Address: \_\_\_\_ T Macon GA 31204 Treasurer: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Frace State
(Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

900

## 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, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### **BUTLER SUPPLY COMPANY**

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 01/08/1946 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 1st day of October, 2007

Faun Chardel

Karen C Handel Secretary of State

Certification Number: 1662790-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp