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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

08 APR 25 AM 10: 42

TO: New Filing Section Division of Corporations	•
SUBJECT: Fucich Contracting, I	nc.
	corporation - must include suffix)
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to
Please return all correspondence concerning the	nis matter to the following:
Clayton Fucich	
	(Name of Person)
Fucich Contracting, Inc.	
	(Firm/Company)
P.O. Box 3802	
	(Address)
Bay St. Louis, MS 39520	
(Ci	ity/State and Zip code)
For further information concerning this matter.	, please call:
Clayton Fucich at (228) 467-8476
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	

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.

Fucich Contracting, Incorporated	N COMPANIAN GOODOO A TION N	
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
Fucich Construction, Inc.		
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business	ss in Florida)
Mississippi	64-0901695	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
October 30, 1998 5.	Perpetual	
(Date of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
N/A		
(Date first transacted business	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
412 Highway 90, Suite 11, Bay St. Lo		
(Principal office add	•	,
P.O. Box 3802 Bay St. Louis, MS 39		
(Current mailing add	dress)	
Mechanical Contractor		
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
. Name and street address of Florida registered agent: (P.	O. Box NOT acceptable)	VISIO 08 AF
Name: Billy Ray Barnett	<u></u>	N 25
office Address: 1850 River Road N. E.	· · · · · · · · · · · · · · · · · · ·	08 APR 25 AH 10: 42
Steinhatchee	, Florida 32359	FSI ORL
(City)	(Zip code)	る。
0. Registered agent's acceptance: Javing been named as registered agent and to accept serv	ice of process for the above stated curport	<i>5</i> 5∙

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.

(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	SECRETARY OF STATE
Address:	OF APR 25 AM ID. I'm
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Clayton Fucich	
Address: 417 St. George Street	
Bay St. Louis, MS 39520	
Kenneth Fucich	
Address: 9126 Cord 16	
Maplesville, AL 36750	
Secretary:	
Address:	
Treasurer: Kathleen Fucich Secretary/Treasurer	
Address: 417 St. George Street Bay St. Louis,	MS 39520
NOTE: If necessary, you may attach an addendum to the application.	
(Signature of Director or Officer listed in nu	mber 12 of the application)
Clayton Fucich, President	
(Typed or printed name and canacity of pe	rson signing application)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 30, 1998, the State of Mississippi issued a Charter/Certificate of Authority to:

FUCICH CONTRACTING, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

08 APR 25 AH 10: 1

Given under my hand and seal of office April 11, 2008

C. Delbert Hosemann, Jr. Secretary of State



Certification Number: 9958820-1 Page 1 of 1 Reference: Jessica - NHM Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp

DIVISION OF CORPORATIONS