F0900000102

(Requestor's Name)					
(Address)					
(Address)					
(City.	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





600139369706

12/31/08--01056--007 **70.00

09 JAN 13 PM 2:39

WO9-145

B. McKnight JAN 14 2009

COVER LETTER

10:	New Filing Section Division of Corporation:	3			
SUBJ	ECT:	Sisker H	akling Companioration - must include suffice	Inc.	
		(Name of corpo	oration - must include suffic	x)	
Dear S	ir or Madam:				
"Certif			n for Authorization to Trans I to register the above refer	sact Business in Florida," renced foreign corporation to	
Please	return all correspondence	concerning this m	atter to the following:		
		Cindus:	Siskey ne of Person)		
Sisker Hauling Company Inc. (Firm/Company)					
		(F j rn	n/Company)	1	
4.0. BUX 506					
) - - -	Address)	1	
		[Y Var) 1-6	tate and Zip code)	d6	
		(City/3	tate and Zip code)		
For fur	ther information concerni	ng this matter, ple	ase call:		
	At	-		•	
(Name of Person) 104 694-6316 (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
			•		
	STREET/COURIER A	DDRESS:	MAILING	ADDRESS:	
	New Filing Section New Filing Section Division of Corporations Division of Corporations				
	Clifton Building P.O. Box 6327				
	2661 Executive Center C Tallahassee, FL 32301	Circle	Tallahassee,	FL 32314	
Enclose	ed is a check for the follow	ving amount:			
\$ 70.		75 Filing Fee & rtificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



January 5, 2009

CINDY SISKEY PO BOX 506 MABLETON, GA 30126

SUBJECT: SISKEY HAULING COMPANY INC.

Ref. Number: W0900000145

We have received your document for SISKEY HAULING COMPANY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of incorporation listed in number 4 must be identical to the date listed on your certificate of existence.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 709A0000096

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," "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) (Duration: Year corp. will cease to exist or (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Purpose(s) of corporation 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: Office Address: 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: A. DIRECTORS Chairman: Address: ___ Vice Chairman: Address: ____ Address: ___ Director: _ **B. OFFICERS** President: Vice President: Address: Secretary: _ Address: _____2151 GATES DR KENNESAW, GA 30152 Treasurer: CINDY SISKEY Address: 2151 KENSINGTON GATES DR. KENNESAW, GA 30152 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. _____ (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

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

O9 JAN 13 PM 2: 39
SHEARASSEE, FLORIDA

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

SISKEY HAULING COMPANY, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 11/20/1974 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 13th day of November, 2008

Karen C Handel Secretary of State

faun Chandel

Certification Number: 3250319-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp