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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE SECRETARY OF STATE



14

COVER LETTER

Division of Corporations	
SUBJECT: McCrary Construction Co.,	Inc
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
James /	A. Neal Jr
Name	of Person
James A.	Neal Jr P.A.
Firm/C	Company
213 Courth	ouse Square
Ac	idress
Inverness	s, FL 34450
City/Stat	te and Zip code
nealjpa@e	earthlink.net
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
James A. Neal Jr	2 ₎ 726-1116
Name of Person Are	2 726-1116 ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: \$70.00 Filing Fee \$\int \text{S78.75 Filing Fee & Certificate of Status}\$	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

nstruction Co., Inc			
corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
	L 4 1 C 4		1)
able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busine	ess in Piori	da)
3.	CCI		
•	•		
		"nernetus	<u></u>
•	(1) dration. Tear corp. will cease to exist of	perpetua	. ,
(Date first transacted business			
Drive, Eatonton, GA 31024			
(Principal office add	dress)	Z R	oo Aug
Orive, Eatonton, GA 31024		<u> </u>	
, , ,	dress)	ASSEE.	-3 PH 2: 12
	ountry to be carried out in state of Florida)	- FS	<u></u>
			2
James A. Neal Jr	• ,		
213 Courthouse Sq			
Inverness	, Florida 34450		
(City)	(Zip code)		
application, I hereby accept the appoint omply with the provisions of all statutes i	ment as registered agent and agree to act relative to the proper and complete perfo osition as registered agent.	in this ca	pacity. I
	able in Florida, enter alternate corporate name	able in Florida, enter alternate corporate name adopted for the purpose of transacting business under the law of which it is incorporated) 5. perpetual (Duration: Year corp. will cease to exist or ng business yet (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Orive, Eatonton, GA 31024 (Principal office address) Orive, Eatonton, GA 31024 (Current mailing address)	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida under the law of which it is incorporated) 3. (FEI number, if applicable) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual gbusiness yet (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Prive, Eatonton, GA 31024 (Principal office address) Orive, Eatonton, GA 31024 (Current mailing address) James A. Neal Jr 213 Courthouse Sq Inverness Florida 34450 (City) (City) (City) Thereby accept the appointment as registered agent and agree to act in this cappilication, I hereby accept the appointment as registered agent. Which is the provisions of all statutes relative to the proper and complete performance of 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.

APPROVED AND FILED

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

A. DIRECTORS	09 AUG -3 PM 2: 12
Chairman: Charles W McCrary	CCCDETTION OF STATE
Address: 191 Harbor Dr., Eatonton, GA 31024	SECRETANT OF STATE TALLAHASSEE, FLORIDA
 	
Vice Chairman:	
Address:	
Note I/ Magazin	
Director: Nola K. McCrary	
Address: 191 Harbor Dr., Eatonton, GA 31024	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary: Nola K. McCrary	
Address: 191 Harbor Dr., Eatonton, GA 31024	
Treasurer: Nola K. McCrary	
Address: 191 Harbor Dr., Eatonton, GA 31024	
NOTE: If necessary, you may attack an addendum to the application as	ring additional officers and/or directors.
(Signature of Director or Officer listed in number	12 of the application
14. Charles W McCrary	

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

Control No. H200660

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530)9 AUG -3 PM 2: 12 SECRETARY OF STATE TALLAHASSEE, 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

MCCRARY CONSTRUCTION CO., INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/26/1972 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 30th day of July, 2009

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 4512822-1 Reference: Chuck McCrary Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp