## F0900004925

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



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and who

## **COVER LETTER**

TO: New Filing Section Division of Corporat	ions					
SUBJECT: JCI GENERAL	CONTRACTORS, INC.					
<del></del>		on - must include suffix				
Dear Sir or Madam:						
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good St	anding" and check are subn				
Please return all corresponde	nce concerning this mat	ter to the following:				
JAMES DAVIS						
	Name o	of Person				
UNITED CRS, LLC						
	Firm/Co	ompany				
327 HOLLOW CREEK LN						
	Ad	dress				
HAVANA, FL 32333						
	City/State	e and Zip code				
cc@unitedcrs.com						
E	-mail address: (to be use	ed for future annual report n	otification)			
For further information cond	eerning this matter, pleas	e call:				
JAMES DAVIS	at (850	539-8000				
Name of Person		ea Code & Daytime Telepho	one Number			
STREET/COURING New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 Enclosed is a check for the	ntions nter Circle 301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified 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.

1.	JCI GENERAL	CONTRACTORS, INC.							
		orporation; must include "INCORPORATION," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"					
	JCI GENERAL	CONTRACTORS OF GEORGIA, INC.					_		
	(If name unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business	s in Flo	orida)			
2.	GEORGIA		3.	58-1935720			_		
	(State or country i	under the law of which it is incorporated)	-	(FEI number, if applicable)					
4.	03/27/1991		5.	PERPETUAL			_		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "	'perpet	iual'')			
6.	UPON REGIST	TRATION					_		
				n Florida, if prior to registration)					
		·	7,1	502, F.S., to determine penalty liability)					
7. 2535 GA HIGHWAY 37W, MOULTRIE, GA 31768									
		(Principal office	add	ress)					
	PO BOX 519, M	OULTRIE, GA 31776					_		
		(Current mailing	add	ress)					
8.	ANY AND ALL	LAWFULL BUSINESS		F. C.	A SECOND	090			
	(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	> :::. > :::	C			
9.	Name and stree	t address of Florida registered agent: (	(P.C	D. Box <u>NOT</u> acceptable)			1) CONTRACTOR		
	Name:	UNITED CRS, LLC			<u>1</u>	PR PR			
0	ffice Address:	327 HOLLOW CREEK LN			25.	3: 48			
		HAVANA		, Florida 32333					
		(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 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 Chairman: \_\_\_ Address: \_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_ Address: \_\_ **B. OFFICERS** President: LYNN JONES JR Address: PO BOX 519 MOULTIE, GA 31776 Vice President: LYNN L JONES Address: PO BOX 519 MOULTIE, GA 31776 Secretary: \_\_ Address: \_\_\_ Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

President

14. LYNN JONES

Control No. K105101

## 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

## JCI GENERAL CONTRACTORS, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 03/27/1991 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 10th day of December, 2009

Haven CHandle

Karen C Handel Secretary of State

Certification Number: 4727001-1 Reference:

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