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TO KUKROWIEDGE SUFFICIENCY OF FILING

DEPARTMENT OF STATE
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SECRETARY OF SHALL
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#### COVER LETTER

SECRETARY OF STATE

Certificate of Status & Certified Copy

TALLAHASSEE, FLORIDA TO: **New Filing Section** Division of Corporations AGS INSTALLATIONS, INC (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: JAMES DAVIS (Name of Person) UNITED CRS, LLC (Firm/Company) 327 HOLLOW CREEK LN (Address) **HAVANA**, FL 32333 (City/State and Zip code) For further information concerning this matter, please call: JAMES DAVIS at (850) 539-8000 (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee \$78.75 Filing Fee & 378.75 Filing Fee & **№** \$87.50 Filing Fee,

Certificate of Status

Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTOR **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO

|   | BUSINESS IN THE STATE OF FERENCE IARY OF   |
|---|--|
| ALLATIONS, INC.   | werwiwsage F   |
| orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATION,"   |
| LIANCE INSTALLATIONS, I   | INC  |
| ble in Florida, enter alternate corporate name                        | adopted for the purpose of transacting business in Florida)  |
| 3.  | 26-3492498   |
| under the law of which it is incorporated)                            | (FEI number, if applicable)  |
| B   | PERPETUAL  |
| of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual")  |
| GISTRATION  |  |
|   | in Florida, if prior to registration) 502, F.S., to determine penalty liability)   |
| MING HIGHWAY STE 403-   | 298 / CANTON / GA / 30115  |
| (Principal office add   | dress)   |
| MING HIGHWAY STE 403-   | 298 / CANTON / GA / 30115  |
| (Current mailing add  | dress)   |
| ll Legal Business   |  |
| of corporation authorized in home state or c                          | country to be carried out in state of Florida)   |
| t address of Florida registered agent: (P.                            | O. Box NOT acceptable)   |
| United CRS, LLC   |  |
| 327 HOLLOW CREEK LN   |  |
| HAVANA  | , Florida 32333  |
| (City)  | (Zip code)   |
|   | proporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")  LIANCE INSTALLATIONS, ble in Florida, enter alternate corporate name ander the law of which it is incorporated)  GISTRATION  (Date first transacted business (SEE SECTIONS 607.1501 & |

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:

## FILED

| A. | DIRECTORS |  |  |
|----|-----------|--|--|

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|  | 1015010 VIU 2:19                        |
|--|---|
| Chairman:  | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Address:   | THE PRINCIPLE FLERIBA                   |
|  |   |
| Vice Chairman:   |   |
| Address:   |   |
|  |   |
| Director:  |   |
| Address:   |   |
|  |   |
| Director:  |   |
|  |   |
| Address:   |   |
|  |   |
| B. OFFICERS  |   |
| President: JUSTIN DEESE  |   |
| Address: 8014 CUMMING HIGHWAY STE 403-298                                    |   |
| CANTON, GA 30115   |   |
| Vice President:  |   |
| Address:   |   |
|  |   |
| Secretary:   |   |
| Address:   |   |
|  |   |
|  |   |
| Address:   |   |
| NOTE: If necessary, you may attach an addendum to the application listing ad | ditional officers and/or directors.     |
| $\Lambda + D$  |   |
| (Signature of Director or Officer listed in number 12 of t                   | he application)                         |
| 14. JUSTIN DEESE   |   |
| (Typed or printed name and capacity of person signing                        | ; application)                          |

Control Nd. 08070277

# STATE OF GEORGIAGES 10 AM 9: 16

Secretary of State

SECRETARY OF STATE

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

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### AGS INSTALLATIONS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 09/25/2008 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 9th day of February, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 5051645-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp