# F1000000354/

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
<b>(</b>	,	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
·	·	·
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	V

Office Use Only



700183420337

08/04/10--01006--014 \*\*87.50

SECRETARY OF STATE

Man A D :: 1 D ::

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: DMI CONTRACTORS,INC.	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Staabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
DALE A HALDEMAN	
Name o	of Person
DMI CONTRACTORS, INC.	
Firm/Co	ompany
3131 PINE HAVEN DR.	
Ado	iress
GAINESVILLE, GA. 30506	
City/State	and Zip code
dale@DMIelectric.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
DALE HALDEMAN at (770	չ 535 5544
	a 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  □ \$78.75 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 FILED

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY AUG - 4 P 1: 21

DMI CONTRA	CTORS, INC.	SECRETARY O
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION," ALLAHASSEE.
<del></del>		
(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
GEORGIA		3. 57-1183586
State or country	under the law of which it is incorporated)	(FEI number, if applicable)
AUG. 12,2003	3	5. PERPETUAL
	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
HAVE NOT T	RANSACTED BUSINESS IN FL. UNDE	ER THIS CORP. NAME
•	(Date first transacted busines	ess in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 60°	7.1502, F.S., to determine penalty liability)
DALE A HALDI	EMAN 3131 PINE HAVEN DR. GAINES	VILLE, GA. 30506
	(Principal office a	address)
P.O. BOX 575	5 GAINESVILLE, GA. 30504	
	(Current mailing	address)
4-	CONTRACTING	
(Purpose(	s) of corporation authorized in home state o	or country to be carried out in state of Florida)
Name and stre	et address of Florida registered agent: (	P.O. Box NOT acceptable)
i tarrio ana <u>stro</u>		
,	JOANN ANDERSON	
Name:	JOANN ANDERSON	<del></del>
Name:	JOANN ANDERSON 5465 S. W. 59 AVE.	
,		, Florida <u>33314</u>

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:

### FILED

## A. DIRECTORS Chairman: Address: Vice Chairman: Address: \_\_\_ Director: \_\_\_\_ Address: **B. OFFICERS** President: DALE A HALDEMAN Address: 3131 PINE HAVEN DR. GAINESVILLE, GA. 30506 Vice President: Address: Secretary: DALE A HALDEMAN Address: 3131 PINE HAVEN DR. GAINESVILLE, GA. 30506 Treasurer: DALE A HALDEMAN Address: 3131 PINE HAVEN DR. GAINESVILLE, GA. 30506 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Dale a Holdeman (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

Control No. 0344206

# STATE OF GEORGIAFILED

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 ZEID AUG -4 P 1: 21

SECRETARY OF STATE

## 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

#### DMI CONTRACTORS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/12/2003 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 28th day of July, 2010

B: P.W

Brian P. Kemp Secretary of State

Certification Number: 6063161-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp