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#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Wagner Service Solutions, 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," or "Certificate of Good Standing" 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:  Elizabeth J. Pape Name of Person  The Pape Law firm, P. C.  Pirm/Company  Post office Box 30  Address  Covington, GA 30015-0030  City/State and Zip code  117 pape @ area pape law. Com  E-mail address: (to be used of future annual report notification)  For further information concerning this matter, please call:			
Liz J. Pope at (770) 786-1095  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  PARTITION OF THE PROPERTY O	おしたの		
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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. Wagner Service Solutions, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "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) (State or country under the law of which it is incorporated) May 10, 2004 (Date) of incorporation) (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

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)

Danny Verdecchia, Jr. Asst. Secretary
11. Attached is a certificate of existence duly authenticated, not infore 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:	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
A. DIRECTORS	JEIL ELD SECRETARY OF STATE DIVISION OF CORPORATION:
Chairman: Jeffrey T. Wagner	ZOILDEC -5 PM 4: 14
Address: 8294 Plantation Trace	ZUIT DEC -2 FM 44 14
Cavington, GA 30014	
Vice Chairman: Stacy L. Hutcheson	
Address: 380 Nick aus Circle	
Social Circle, GA 30025	
Director: Stephen H. Wagner	
Address: 110 Deep Step Road	
Covington, GA 30014	
Director:	
Address:	
B. OFFICERS	
TC	
07011 101 11 1	
Address: 8294 Plantation Trace	
_ Covington, GA 30019	
Vice President: Stacy L. Hutcheson	
Address: 380 Nicklaus Circle	
Social Circle, GA 30025	
Secretary: Stephen H. Wagner	
Address: 110 Deep Step Road, Covington,	GA 30014
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13.	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) a	affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to t	
third degree felony as provided for in s.817.155, F.S.	
14. <u>Jettrey T. Wagner, Ct</u> (Typed or printed name and capacity of person signing applic	- U
(1) ped or printed name and capacity or person signing applic	muioii)

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive 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

#### WAGNER SERVICE SOLUTIONS, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 05/10/2004 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 17th day of November, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7831009-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp ZOILDEC - 5 PM 4: 14

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