Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	걸음
		美国
To:		8.3
	Division of Corporations Fax Number : (850)617-6381	ĭń≺
	FAX NUMBEL . (030) 611-0301	13 1 cm
From:		100 \$ 100
	Account Name : C T CORPORATION SYSTEM	28104
	Account Number : FCA00000023	57
	Phone : (850) 222-1092	> '
	Fax Number : (850)878-5368	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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FOREIGN PROFIT/NONPROFIT CORPORATION AUGUST CONSTRUCTION SOLUTIONS, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: AUGUST CONSTRUCTION SO	LUTIONS, IN	IC.	
	orporation - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Poreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standii	ig" and check are su	act Business in Florida," bmitted to register the
Please return all correspondence concerning	this matter to	the following:	
TERI STAPLETON			
	Name of Per	son	
NRAI CORPORATE SERVICES, INC.		_	
	Pirm/Compa	ıy	
1675 BROADWAY, STB. 1200			
	Address		
DENVER, CO 80202			
	ty/State and	Zip code	
michael@augustconstructionsolutions.com	1 I F		
·		luture annual report	noutication)
For further information concerning this matte	r, please call		
TERI STAPLETON at (888	967-5799 X 2565	
Name of Person	Area Cod	e & Daytime Teleph	none 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 Tailahassee, PL 32314	
Enclosed is a check for the following amount:	;		
■ \$70.00 Filing Fee		78.75 Filing Fee & ortified Copy	Sand Status & 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.

	orporation; must include "INCORPORATION," "line," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	_
(If name unavails	ble in Florida, enter alternate corporate na	une adopted for the purpose of transacting business in Florid	<u>, </u>
2 NC		46-2160804	
	under the law of which it is incorporated)	(FEI number, if applicable)	-
02/07/2013	•	PERPETUAL S.	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	ຶ່ງ
6	(D. 6	es in Florida, if prior to registration)	<u> </u>
		ess in Piorica, if prior to registration) 07.1502, P.S., to determine penalty liability)	
7 444 S. Blount St.	Ste. 115A, Raleigh, NC 27601		
/·	(Principal office	address)	
444 S. Blount St	Ste. 115A, Raleigh, NC 27601		
	(Current mailing	address)	
		• • •	
Tenent improve	munt deneral contentor	, , , , , , , , , , , , , , , , , , ,	
8	ment general contractor	or country to be carried out in crete of Florida)	
(Purpose(s	s) of corporation authorized in home state	or country to be carried out in state of Florida)	_ 14
(Purpose(s		(D.O. Day MOTassanthle)	14 %
(Purpose(s	s) of corporation authorized in home state		14 APR
9. Name and stro	e) of corporation authorized in home state et address of Florida registered agent:	(D.O. Day MOTassanthle)	= =
9. Name and street	e) of corporation authorized in home state et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road	(P.O. Box NOT acceptable)	5 F
9. Name and stro	e) of corporation authorized in home state et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation	(P.O. Box NOT acceptable)	
9. Name and stro	e) of corporation authorized in home state et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road	(P.O. Box NOT acceptable)	10 M 9
9. Name and street Name: Office Address:	e) of corporation authorized in home state et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance:	(P.O. Box NOT acceptable) , Florida 33324 (Zip code)	10 M 9 50
9. Name and street Name: Office Address: 10. Registered a Having been name	e) of corporation authorized in home state et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept	(P.O. Box NOT acceptable) , Florida 33324 (Zip code) service of process for the above stated corporation at	10 & 9 50 ce
9. Name and street Name: Office Address: 10. Registered a Having been nam designated in this further agree to the street of the	et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept to application, I hereby accept the approximations of all state	(P.O. Box NOT acceptable) , Florida 33324 (Zip code)	S 9: 50 che place capacity. I
9. Name and street Name: Office Address: 10. Registered a Having been nam designated in this further agree to the street of the	et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: wed as registered agent and to accept the application, I hereby accept the application of all state familiar with and accept the obligation.	(P.O. Box NOT acceptable)	10 P D the place capacity. I
9. Name and street Name: Office Address: 10. Registered a Having been named designated in this further agree to a duties, and I am	et address of Florida registered agent: National Registered Agents, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: med as registered agent and to accept to application, I hereby accept the approximations of all state	(P.O. Box NOT acceptable)	10 P D the place capacity. I

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 directora:	
A. DIRECTORS	
Chalcmen:	
Address:	
Vice Chairman:	
Address;	
<u> </u>	
Director: Michael Iovino	
Address: 444 S. Blount St. Ste. 115A, Raleigh, NC 27601	
Director;	表:2 =
Address:	
·	R P
B. OFFICERS	
President: Michael Iovino	_ p3 ≥ C
Address: 444 S. Blount St. Ste. 115A, Raleigh, NC 27601	9
	* 0
Vice President: Michael Iovino	
Address: 444 S. Blount St. Ste. 115A, Rateigh, NC 27601	
Secretary: Michael Iovino	
Address:	
Treasurer: Michael Iovino	
Address: 444 S. Blount St. Stc. 115A, Raleigh, NC 27601	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the	facts stated berain
are true and that he or she is aware that false information submitted in a document to the Department	
a third degree folony as provided for in s.817.155, P.S. Michael Iovino, President	•
(Typed or printed name and capacity of person signing application)	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

AUGUST CONSTRUCTION SOLUTIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of February, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

SECRETARY OF JATES





Certification# 95329147-1 Reference# 11948192- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of April, 2014.

6 laine I. Marshall

Secretary of State