

F14000004403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

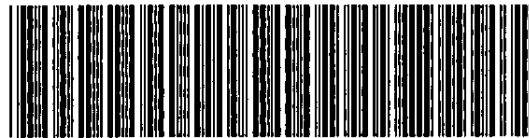
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MARTIN CONSTRUCTION OF FLORIDA, 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:

SHERI HORNE

Name of Person

BSI CONTRACTOR SERVICES

Firm/Company

34 ARLINGTON ROAD SOUTH

Address

JACKSONVILLE, FL 32216

City/State and Zip code

SHERI@BSICONTRACTORSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERI HORNE

Name of Person

at ( 904 ) 722-9994

Area 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 & 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. MARTIN CONSTRUCTION OF FLORIDA, 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)

**2. ALABAMA**

(State or country under the law of which it is incorporated)

**3. 63-1180996**

(FEI number, if applicable)

**4. 09/27/1996**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6.** \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 110 WEST LOUISVILLE AVENUE, ATMORE, AL 36502**

(Principal office address)

**110 WEST LOUISVILLE AVENUE, ATMORE, AL 36502**

(Current mailing address)

**8. CONSTRUCTION**

(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:

**KARMEN LONG**

Office Address:

**3077 N PINE BARREN ROAD**

**MCDAVID**

(City)

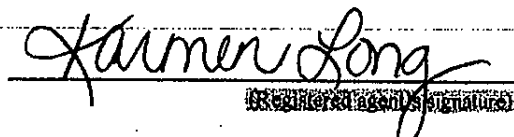
, Florida

**32568**

(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.*

  
**Karmen Long**  
~~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: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: PHILLIP MARTIN

Address: 110 WEST LOUISVILLE AVENUE, ATMORE, AL 36502

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JAMES N MARTIN

Address: 110 WEST LOUISVILLE AVENUE, ATMORE AL, 36502

Treasurer: JAMES N MARTING

Address: 110 WEST LOUISVILLE AVENUE, ATMORE, AL 36502

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Phillip Martin

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 herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. JAMES NATHAN MARTIN/SECRETARY/TREASURER

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



***State of Alabama***  
***Department of Revenue***

**Certificate of Good Standing**

**Martin Construction, Inc.** is in compliance with the Alabama business privilege tax payment and return requirements in Chapter 14A, Title 40, Code of Alabama 1975 as of the date of issuance. This certificate is valid for sixty days from the date of issuance.

*IN WITNESS WHEREOF, I hereunto set my hand this  
date of September 03, 2014.*

A handwritten signature in black ink, appearing to be "John R. [unclear]".

*Director, Individual and Corporate Tax Division*

ATTEST:

A handwritten signature in black ink, appearing to be "Richard M. [unclear]".

*Secretary*

***Business Privilege Tax***

***Phone: 334-353-7923***

***Fax: 334-242-8915***

Request Date: September 02, 2014  
Request Code: 14090222668868

Jim Bennett  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Martin Construction, Inc. was formed in Escambia County, Alabama on September 27, 1996. The Alabama Entity Identification number for this entity is 182-509. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20141015000016484

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

10/15/2014

Date

A handwritten signature in black ink, appearing to read 'Jim Bennett', is written over a horizontal line.

Jim Bennett

Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2014

SHERI HORNE  
34 ARLINGTON ROAD SOUTH  
JACKSONVILLE, FL 32216

SUBJECT: MARTIN CONSTRUCTION OF FLORIDA INC  
Ref. Number: W14000061766

We have received your document for MARTIN CONSTRUCTION OF FLORIDA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00021673

RECEIVED  
14 OCT 16 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 16 PM 1:10  
TALLAHASSEE, FLORIDA