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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporat	ione		
Smith Ironwork			
SUBJECT:			**************************************
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good St	anding" and check are su	
Please return all corresponder Tammy King	nce concerning this matt	er to the following:	
	Name o	f Person	
Smith Ironworks,Inc.			
	Firm/Co	mpany	
PO Box 388			
Lyerly, GA 30730	Add	ress	
tking@smith-ironworks.com	City/State	and Zip code	
E-	mail address: (to be used	l for future annual report	notification)
For further information conce	erning this matter, please	call:	
Tammy King	706 at (	895-3311 ext 225	
Name of Person	Area Co	ode Daytime Tele	phone Number
STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3236	ons er Circle	MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Enclosed is a check for the fo	llowing amount:		
	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1			
(Enter name of countries," "Co.," "Co.," "Co.,"	corporation; must include "INCORPORATED," "(Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Smith Ironwork	s - Georgia, Inc.		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business i	n Florida)
<b>~</b> ·	50.012.007		
·	3		
(State or country under the law of which it is incorporated) 10/19/1994			
r	5		
(Date of incorporation) 10/06/2015		(Date of duration, if other than perpetual)	
ś	(Date first transacted business in Fl		
	(SEE SECTIONS 607.1501 & 607.1502 Lyerly, GA 30730		
BO Day 200 Ly		office address)	
PO Box 388, Lye	eny, da 30/30		<b>حہ</b> ہے:۔۔
	(Current mailing a	ddress, if different)	2915 DEC
-	et address of Florida registered agent: (P.O. F Daryl E. Smith	3ox NOT acceptable)	23 AW: C
Name:		<del></del>	700
Office Address:	916 Bambi Dr.	_	2: 5;
	Destin,	32541	2
		, Florida	
	(City)	(Zip code)	

## 9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Daryl E. Smith Chairman: 916 Bambi Dr. Address: Destin, FL 32541 Adrianne R. Smith Vice Chairman: 916 Bambi Dr. Address: Destin, FL 32541 Director: Address: \_\_\_\_\_ Address: \_\_\_\_ **B. OFFICERS** Kelli Smith Weaver, CEO President: **PO Box 388** Address: Lyerly, GA 30730 Daryl E. Smith, CFO Vice President: 916 Bambi Dr. Address: Destin, FL 32541 Adrianne R. Smith, SEC/Treasurer Secretary: 916 Bambi Dr. Address: Destin, FL 32541 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. \_\_\_\_\_ Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.8 17.155, 1/S. Kelli S. Weaver

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

13.

Control Number: K425734

# STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## SMITH IRONWORKS, INC.

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

:12240381 :10/19/1994 :Georgia :12/16/2015 :211



Brian P. Kemp Secretary of State