# F1000001203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  - Called and Spoise to Eustonian S15116  - corporation name, and RA  05

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### **COVER LETTER**

_	stration Section ion of Corporations				
SUBJECT:	Aiken Cost Consultants, Inc.  Name of corporation - must include suffix				
Sebate1.					
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ite of Good Stan	ding" and check are sub		
Please return	all correspondence concer	ning this matter	to the following:	,,	
Mary Aiken				- 19 <b>5</b>	
		Name of I	Person	THE AT	
Aiken Cost Co	onsultants, inc.			7 67 -	
		Firm/Com	pany	(	
1010 East North Street, C-2					
		Addre	ess		
Greenville, SC	29601			(a)	
		City/State a	nd Zip code		
mary@aikenco	ost.com	·	•		
	E-mail addre	ss: (to be used f	or future annual report r	notification)	
For further in	formation concerning this	matter, please c	all:		
Mary Aiken		864	232-9342		
	e of Person	_ at ( Area Code	Daytime Telep	hana Numbar	
Naiii	e of reison	Alea Cou	e Daytime relep.	none number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		SS:	Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	check for the following an	nount:			
<b>=</b> \$70.00 Fil		ing Fee & □ e 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

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. Aiken Cost Consultants, nc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) South Carolina 57-1090633 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (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) 1010 East North Street, C-2, Greenville, SC 29601 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Dearwood Park Blird. South Office Address: 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: \_\_\_\_ Director: Address: Director: Address: \_\_\_\_\_ **B. OFFICERS** Bradley H. Aiken 1010 East North Street, C-2 Address: Greenville, SC 29601 Vice President: Address: \_\_\_\_\_ Mary Aiken Secretary: \_\_ 1010 East North Street, C-2, Greenville, SC 29601 Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.817.155, F.S. 13. Mary F. Aiken

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

# The State of South Carolina



### Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### AIKEN COST CONSULTANTS, INC.,

a corporation duly organized under the laws of the State of South Carolina on December 14th, 1999, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of February, 2016.

Mark Hammond, Secretary of State