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(Re	questor's Name)					
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COVER LETTER

TO:	Registration Se						
Division of Corporations							
CTID.		STRUCTION MANAG	GEMENT, I	NC.			
SUBJ	ECT:	N			·		
		Name of	согрогано	n - mus	t include suffix		
Dear S	Sir or Madam:						
"Certi	ficate of Existence		f Good Sta	nding"	and check are sul	act Business in Florida," omitted to register the	
	return all corresp ENE LEWIS	oondence concerning	this matte	er to the	following:		
			Name of	Person			
RL CO	NSTRUCTION M	ANAGEMENT, INC.					
·	- <u>~</u>		Firm/Cor	npany			
1612 N	IIRA LAGO CIRC	LE					
			Addı	ess			
RUSKI	IN, FL 33570						
,			City/State a	and Zip	code		
thelewi	isfamily210@gmai		·	•			
		E-mail address: (to be used	for futu	ire annual report	notification)	
For fu	ther information	concerning this mat	ter, please	call:			
	e Lewis	C	•		.0044		
Darien	c Lewis	at	678 ())	-8944		
	Name of Perso		Area Coo	le	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section				MAILING ADDRESS: Registration Section			
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327				
2661 Executive Center Circle			Tallahassee, FL 32314				
	Tallahassee, FL					,	
Enclos	ed is a check for	the following amour	nt:				
\$ \$70	0.00 Filing Fee	\$78.75 Filing F Certificate of S			75 Filing Fee & fied 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. RL CONSTRUCTION MANAGEMENT, 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) GEORGIA 20-4694899 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) _____ 5. ____ (Date of incorporation) 04/01/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1612 MIRA LAGO CIRCLE, RUSKIN,FL 33570 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DARLENE LEWIS Name: 1612 MIRA LAGO CIRCLE Office Address: RUSKIN , 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. elacue Leus (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 Chairman: __ Address: _ Vice Chairman: Director: _ Address: Director: **B. OFFICERS** RUSSELL D LEWIS President: 1612 MIRA LAGO CIRCLE Address: RUSKIN, FL 33570 ഗ Vice President: Address: __ DARLENE LEWIS Secretary: 1612 MIRA LAGO CIRCLE, RUSKIN, FL 33570 Address: **RUSSELL LEWIS** Treasurer: 1612 MIRA LAGO CIRCLE, RUSKIN, FL 33570 Address: _ 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. DARLENE LEWIS, SECRETARY 13. _

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

Control Number: 0631373

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

RL'CONSTRUCTION MANAGEMENT, 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

12875857 :04/14/2006 - Georgia 03/03/2016



Brian P. Kemp Secretary of State