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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Jobsite Technologies, Inc.				
SUBJECT: Jobsite Technologies, 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:				
Larry Joseph Forrell (Joeu)				
Name of Person				
Jobsile Technologies Inc				
Jobsile Technologies, Inc Firm/Company				
1046 Ward Road # I I				
Address				
Williamson, GA 30292 BE &				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joey Farrell at (678) 588-1584				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration 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 & ☐ \$78.75 Filing Fee & ☐ \$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. Johni	e Technologies Inc		
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORA	ATION,"
(IC	Li - El - de - este eltereste comparate nomo edo	ated for the purpose of tran	specting business in Florida)
	orgia 3		
(State or country	under the law of which it is incorporated)	(FEI number	r, if applicable)
4. 3	-1-2009 5		
· · — · · — · — · — · — · — · · · · · ·	of incorporation)	(Date of duration, if	other than perpetual)
6			
	(Date first transacted business in Florest SECTIONS 607.1501 & 607.1502	•	
7. 1040	6 Ward Road, Willia	amson. GA	30292
	(Principal o	office address)	TALL TALL
	(Current mailing a	ddress, if different)	1000 1000 1000 1000 1000 1000 1000 100
8. Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	21 M SSEE, F
Name:	NORTHWEST REGISTERED AGENT L	<u>LC</u>	
Office Address:	3030 N. Rocky Point Drive, STE 150	A	CONOLY STATE 6+16
	TAMPA	, Florida 33607	
	(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.

Tom Glover/Manager/Northwest Registered Agent LLC

(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:	
Address:	
•	
Director:	
Address:	
Director:	
Address:	
	T A T
B. OFFICERS	NA FI
President: Louis "Joen" Fairel	R 2
Address: 1046 Ward Road	
Williamson, GA 30292	95 9
	- 3 5
Vice President:	-
Address:	
1.1.	
Secretary: Juliana Fassell	
Address: 1046 Ward Road, Williamon, GA 30292	
reasurer: Josette Fariell	
Address: 1046 Ward Road, Williamson, GA 30292	
NOTE If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
Signature of Director or Officer The officer of director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S.	at the facts stated herein tment of State constitutes
3harry). Farrell	
(Typed or printed name and capacity of person signing application)	

Control Number: 15102900

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

JOBSITE AERIAL, INC

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.

18/01/19 This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether of notra notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up; or any other similar document has been filled 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



Brian P. Kemp

Secretary of State