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TALLAHASSEE, FLORIDA

16 APR 28 PM 12:51

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AND  
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MAY 03 2016

J SHIVERS

## COVER LETTER

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

**SUBJECT:** Southern Retail Construction, 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:

Duane A. Carriger

Name of Person

Southern Retail Construction, Inc.

Firm/Company

11722 Allisonville Rd, Ste 103-438

Address

Fishers, IN 46038

City/State and Zip code

DCarriger@SRCIcorp.com

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

For further information concerning this matter, please call:

Duane A. Carriger at ( 317 ) 863-5643

Name of Person

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. **Southern Retail Construction, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**SRCI Corp.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Indiana**

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

3. **20-3550393**

(FEI number, if applicable)

4. **June 25, 2008**

(Date of incorporation)

5. **Perpetual**

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

6. **Upon Registration**

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

7. **11722 Allisonville Rd, Ste 103-438, Fishers, IN 46038**

(Principal office address)

**11722 Allisonville Rd 103-438, Fishers, IN 46038**

(Current mailing address)

8. **Commercial General Contractor & Construction Management**

(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: **Duane Carriger**

Office Address: **20829 Del Luna Dr**

**Boca Raton**

(City)

, Florida **33433**

(Zip code)

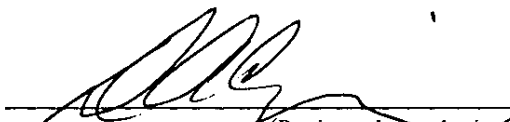
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TALLAHASSEE, FLORIDA

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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.*

  
(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: Duane A. Carriger

Address: 11722 Allisonville Rd, Ste 103-438

Fishers, IN 46038

Vice President: Stephen A. Romanyk

Address: 11722 Allisonville Rd, Ste 103-438

Fishers, IN 46038

Secretary: Shanna Ward

Address: 11722 Allisonville Rd, Ste 103-438, Fishers, IN 46038

Treasurer: Shanna Ward

Address: 11722 Allisonville Rd, Ste 103-438, Fishers, IN 46038

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

13.  \_\_\_\_\_  
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. Duane A. Carriger, President

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

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FLORIDA

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AND  
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**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

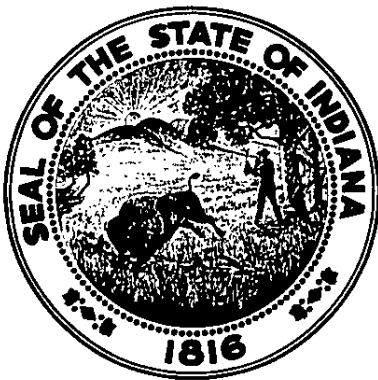
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**SOUTHERN RETAIL CONSTRUCTION, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 25, 2008, and was in existence or authorized to transact business in the State of Indiana on April 27, 2016.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 27, 2016

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2008062600043 / 20162818

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>