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(Re	questor's Name)	·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORINA

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: ENERCON FEDERAL SERVICES, TUC.  Name of corporation - must include suffix	<b></b> -
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:	
CAYSTAL COVENEY	
Name of Person	
ENERCON FEDERAL SERVICES INE &	7
Firm/Company ST & &	$\neg$ $\sqcap$
500 TOWNPARK LANE	
KENINIFSAW/ GA SAIUU	
City/State and Zip code	_
^	
E-mail address: (to be used for future annual report notification)	_
E-man address. (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CAUSTAL COVENEU at (678) 355-4275	
Name of Person Area Code Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
▼ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee,	
\$70.00 Filing Fee \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ Certificate of Status Certified Copy Certificate of Status	ıs &
Certified Conv	

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

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
I ENERCON FEDERAL SERVICES, 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)	
2 GEORGIA 3 58-2005782	
(State or country under the law of which it is incorporated)' (FEI number, if applicable)	
4	
(Date of incorporation) (Date of duration, if other than perpetual)	
6. (Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	,
7500 TOWNPARK LANE KENNESAW GA 3014455 5	
(Principal office address)	П
(Current mailing address, if different)	
(Current manning actoress, it different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: CT CORPORATION SYSTEM	
Office Address: 1200 South Pine Island Rd.	
Plantation, Florida 33324	
(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 pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	ice y. 1
duties, and I am familiar with and accept the obligations of my position as registered agent.	
Peter Trawinski Assistant Secretary	
(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: Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** Vice President: Address: \_\_ Tour PARK Lane Kennesow, GA 30144 Treasurer: 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. 13. \_\_\_\_\_

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

Control Number: K215025

### 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 seaf of my office that

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

: 07/27/1992 : Georgia : 05/05/2016

: 13161667

Form Number



Secretary of State