F17000001752

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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D. SCOTT APR 19 2017

COVER LETTER

	gistration Section vision of Corporat	ions					
SUBJECT	A.S. Communications, Inc.						
SCD4LC.		Name of corporation - must include suffix					
Dear Sir or	Madam:						
"Certificate	of Existence," or		Stand	ing" and check are sub	ct Business in Florida," mitted to register the		
	•	nce concerning this m	atter t	o the following:			
Tim Swearii	ngen						
A.S. Commi	uncations, Inc.	Name	c of Po	erson			
	uncations, inc.	3". /	·C				
4261 Lanter	n Hill Drive	Firm/	Comp	any			
Dacula, GA	30019	Α	Addres	S	•		
		City/Sta	ate and	l Zip code		المستريد	
tim@ascom	mholdings.com						
	E	mail address: (to be u	sed fo	r future annual report t	notification)		
For further	information conc	erning this matter, ple	ase ca	II:	CRE S	Ti	
Tim Sweari	ngen	678 at (575-4456	3 13	ILE.	
Na	ame of Person	Area	Code	Daytime Telep	hone Number 1995 25	, , -	
Reį Div Cli 266	REET/COURIE gistration Section vision of Corporat fton Building 51 Executive Cen llahassee, FL 323	ions er Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	O	
Enclosed is	s a check for the f	ollowing amount:					
570.00 1	Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	ፘ፞	

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.

"Inc.," "Co.," "Cor	poration; must include "INCORPORATED p," "Inc," "Co," or "Corp.")	COMPANT, CONTORATION,	
ASComm, Inc.			
-	le in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flori	da)
GA 2.	3	58-2582170	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
11-15-2000 L	5	Perpetual .	
(Date o	f incorporation) 5	(Date of duration, if other than perpetual)	
NA S.			
)		in Florida, if prior to registration)	
4261 Lantern Hill I	(SEE SECTIONS 607.1301 & 607. Drive Dacula, GA 30019	1502, F.S., to determine penalty liability)	
7			
C	(Princ	ipal office address)	
Sainc			
	(Current mail	ing address, if different)	
		49.	್ಷ
Name and street	address of Florida registered agent: (P	O. Box NOT acceptable)	= 11
Name:	Incorp Services, In	<u>c.</u>	× =
0.00	· ·	205-1	22 /
Office Address:	17888 67th Court 1	107cu Fig.	- TE
	Loxahatchee	, Florida <u>33470</u> (Zip code))
	(City)	(Zip code)	5
9. Registered ager	it's accentance		ري)
Having been name	d as registered agent and to accept ser	vice of process for the above stated corporation a	
designated in this a	application, I hereby accept the appoin	tment as registered agent and agree to act in this	capacity.
	mply with the provisions of all statutes miliar with and accept the obligations	relative to the proper and complete performance of my position as registered agent.	oj my
z am ju	/	-7 X	
	Va bala	1	
	TO THE STATE OF TH	ر Kathy Shin on behalf of InCorp Serv	vices. Inc

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: Address: _ Vice Chairman: Address: Director: Director: **B. OFFICERS** Tim Swearingen President: 4261 Lantern Hill Drive Address: Dacula, GA 30019 Jeff Adkins Vice President: 3267 Highland Forge Trail Address: Dacula, GA 30019 Jeff Adkins Secretary: 3267 Highland Forge Trail Dacula, GA 30019 Address: _ Tim Swearingen Treasurer: 4261 Lantern Hill Drive Dacula, GA 30019 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 4 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. Tim Swearingen

Control Number: 0050515

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

A.S. COMMUNICATIONS, 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





B: {| L. Brian P. Kemp Secretary of State