

06/26/2017  
6/23/2017

09:29 AM PDT

TO:18506176383 FROM:9166741357

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**F1700002890**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LICENSE EXAM SERVICES  
Account Number : I20120000042  
Phone : (941)706-2336  
Fax Number : (866)473-0571

**FILED**  
2017 JUN 26 PM 12:41  
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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tgreer@sbsmechanical.com

**RECEIVED**  
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TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
SOUTHEAST BUILDING SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**J. HARRIS**  
JUN 27 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHEAST BUILDING SOLUTIONS, 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:

Timothy M. Greer

*Name of Person*

SOUTHEAST BUILDING SOLUTIONS, INC.

*Firm/Company*

104 MECO LN

*Address*

OAK RIDGE, TN 37830-7262

*City/State and Zip code*

tgreer@sbsmechanical.com

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

For further information concerning this matter, please call:

Timothy Greer

at ( 865 ) 298-0194

*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 &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

06/26/2017 09:29 AM PDT  
850-617-6381

TO:18506176383 FROM:9186741357  
6/26/2017 11:18:14 AM PAGE 1/001 Fax Server

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June 26, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LICENSE EXAM SERVICES

SUBJECT: SOUTHEAST BUILDING SOLUTIONS, INC.  
REF: W17000052851

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist  
Registration Section

FAX Aud. #: H17000167144  
Letter Number: 117A00012866

RECEIVED  
2017 JUN 26 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 JUN 26 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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. SOUTHEAST BUILDING SOLUTIONS, 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. TENNESSEE

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 06/19/2002

(Date of incorporation)

5. PERPETUAL

(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)

7. 104 MECO LN OAK RIDGE, TN 37830-7262 USA

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LICENSE EXAM SERVICES, LLC

Office Address: 4713 WEBBER ST

SARASOTA

(City)

, Florida 34232

(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.*



(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.

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2017 JUN 26 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Christopher Lee Hare

Address: 11521 Gates Mill Drive

Knoxville, TN 37934

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Michael L. Proctor

Address: 11401 Hickory Springs Drive

Knoxville, TN 37932

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Christopher Lee Hare

Address: 11521 Gates Mill Drive

Knoxville, TN 37934

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Michael L. Proctor

Address: 11401 Hickory Springs Drive, Knoxville, TN 37932

Treasurer: Michael L. Proctor

Address: 11401 Hickory Springs Drive, Knoxville, TN 37932

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

12. 

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. CHRISTOPHER LEE HARE, PRESIDENT

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

**FILED**  
2017 JUN 26 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

ROBIN O'CONNOR  
4713 WEBBER ST  
SARASOTA, FL 34232

June 23, 2017

Request Type: Certificate of Existence/Authorization  
Request #: 0242271

Issuance Date: 06/23/2017  
Copies Requested: 1

Document Receipt

Receipt #: 003444019

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3705147249

\$20.00

Regarding: SOUTHEAST BUILDING SOLUTIONS, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 428828

Formation/Qualification Date: 06/19/2002

Date Formed: 06/19/2002

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: ANDERSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SOUTHEAST BUILDING SOLUTIONS, INC.

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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