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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

то:	O: Registration Section Division of Corporations						
SUBJ	ECT:	STRU	CTURAL	Corte	acturs Co.	Inc.	
~~~~		. =	Name of	`corporation	- must include suffix		
Dear S	ir or Madan	n;					
"Certif	icate of Exis	stence," o		of Good Stan	ding" and check are sub	ct Business in Florida," omitted to register the	
Please	return all co	orresponde	nce concernin	g this matter	to the following:		
	RI	4	, 7, een				
			1, cen	Name of I	Person		
	STV	uctur	al Con	tractor	es Co. Inc		
		<u>ccc</u>		Firm/Com	es Co, Inc		
	76	Kir	uales K	21			
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	RA	14 CI	44 61	A 316	45 nd Zip code		
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					or future annual report		
		E	mail address:	(to be used f	or future annual report	notification)	
For fur	ther informa	ation conc	erning this ma	tter, please c	all:		
	Rich	Gree	~) n	11 229	1 561-494	6	
	Name of F	Person	<u> </u>	Area Code	) 561-454 Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			
	Tallahasse						
Enclos	ed is a cheel	k for the f	ollowing amou	ınt;			
☐ \$70	0.00 Filing F	Fee 🗆	\$78.75 Filing Certificate of		\$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. STRUCTURAL CENTRACTORS CONTING, 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. GECRGIA 3. 45-5030276

(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 6-26-12 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 76 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Connië Green Name: 3936 S. Semoran Blud STE 461 Office Address: ORlande F) Florida 32822
(City) (Zip code) 9. Registered agent's acceptance: designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I

Having been named as registered agent and to accept service of process for the above stated corporation at the place 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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Address:	
B. OFFICERS	
President: RICHARD Green (CEO)	
Address: 76 Knowles Rd.	
Ray CN-4, 64 31645	
Vice President: Connit Green (Cfo)	S =
Address: 76 Knowles Rd	
Ray City, 64 31645	
Secretary: Connie Green	7.7
Secretary: Connie Green  Address: 76 Knowles Rd. Rry Crty, GA	31645
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional add	onal 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 are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	
13. Connie Green - VP/LKO	1
(Typed or printed name and capacity of person signing app	ofication)

Control Number: 12053049

# 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

### STRUCTURAL CONTRACTORS COATING, 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 : 14930419 Date Inc/Auth/Filed: 06/26/2012 Jurisdiction : Georgia Print Date : 10/11/2017

Form Number : 211



Brian P. Kemp Secretary of State