# F18000 000 399

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(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
Special instructions to	rilling Officer.			

Office Use Only



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04/12/21--01015--020 \*\*35.00



JULY O O LULT

#### COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons	•
SUBJECT: Haines	Structural Services, Inc.		
30000CT	Name	e of Corporation	
DOCUMENT NU	MBER: F1800000039		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Tiffany Eigenmann	1		
	Name of Contact Person		
Haines Structural (	Group, Inc.		
	Firm/Company	···	
800 South Gay Str	eet, Suite 1625		
	Address		
Knoxville, TN 379	29		
	City/State and Zip Code		
teigenmann@haine	es-sg.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, plea	se call:	
Tiffany Eigenmani	1	at ()	¢ 4400
Name of Contact Person		at ()	
Enclosed is a check	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(Pursuant to s. 607.1504, F.S.)

#### SECTION I (1-3 MUST BE COMPLETED)

F1800000 <b>Ø</b>	399	
(1.	Document number of corporation (if known)	<del></del>
Jaines Structural Services, Inc.		
(Name of corpora	tion as it appears on the records of the Department	
Tennessee	3. 10/12/2017 (Date authorized	
(Incorporated under laws o	f) (Date authorized	to do business in Florida)
	SECTION II	
(4-7 COM	PLETE ONLY THE APPLICABLE CHANGE	(S)
If the amendment changes the name of the corp incorporation: 08/14/2019	poration, when was the change effected under the k	nws of its jurisdiction of
laines Structural Group, Inc.		
(Name of corporation after the amendment, add not contained in new name of the corporation)	ding suffix "corporation," "company," or "incorpor	rated," or appropriate abbreviation
If new name is unavailable in Florida, enter alt	ernate corporate name adopted for the purpose of t	ransacting business in Florida)
If the amendment changes the period of du	aration, indicate new period of duration.	
N/A		-0 111
	(New duration)	PH IF 30
If the amendment changes the jurisdiction N/A	of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
If amending the registered agent and/or reginew registered agent and/or the new register  Name of New Registered Agent  N/A	istered office address in Florida, enter the name red office address:	e of the
	(Florida street address)	
New Registered Office Address:		lorida (Zip Code)
	(City)	(Zip Code)

Signature of New Registered Agent, if changing

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add
			Remove
		1-200.	
			Remove
			🖫 Add
			Remove
			□Add
- <del></del>			Remove
10. Attached is a of the applica under the law	certificate or document of similar import, eviction to the Department of State, by the Secretary of which it is incorporated.	dencing the amendment, authenticated not y of State or other official having custody o	more than 90 days prior to delivery f corporate records in the jurisdiction
	(Signature of a director	r, president or other officer - if in the hand, rt appointed fiduciary, by that fiduciary)	s of
Rot	a receiver or other councer for the councer fo	rt appointed fiduciary, by that fiduciary)  President  (Title of pers	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00



### Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

TIFFANY EIGENMANN

March 30, 2021

800 SOUTH GAY STREET KNOXVILLE, TN 37929

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/30/2021

Request #:

0410347

Copies Requested:

**Document Receipt** 

Receipt #: 006231939

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3802818473

\$20.00

Regarding:

Haines Structural Group, Inc.

Filing Type:

For-profit Corporation - Domestic

Control #:

927288

Formation/Qualification Date: 10/12/2017

Date Formed:

10/12/2017

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: KNOX COUNTY

#### CERTIFICATE OF EXISTENCE

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

#### Haines Structural Group, 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, interest, 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.

Secretary of State

Processed By: Cert Web User

Verification #: 045387133