# F18000001488

(Re	equestor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. LEGGETT MAR 2 9 2018

### **COVER LETTER**

TO: Registration Section Division of Corporations	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Kaviun Tucker	
Name of	f Person
Kacho Demolition (	Company
49101 Princess Dr	прану ч
Add	ress
Lake Pans 6a 31636	·
·	and Zip code
Kaylyn tucker 10 g mai	1. com
E-mail address: to be used	for future annual report notification)
For further information concerning this matter, please	call:
limmy TU(Kex at (229) 412.2450	
Name of Person Area Co	de Daytime Telephone Number
	MANUAL ARRESTS
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	i analiassee, PL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

	REIGN CORPORATION TO TRANSACT BUS		· · · · · · · · · · · · · · · · · · ·
, Kn	the Demolition Company	!	
(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
me., co., c	orp, me, co, or corp. j		
···	Kilbo Demolition Service	<u> </u>	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)
2	Olorgia 3. 6	HEN: 82-413323	5
(State or country	y under the law of which it is incorporated)	(FEI number, if applie	cable)
4. <u>JW IVW</u> (Date	7/24, 2018 5 5 5.	(Date of duration, if other tha	n perpetual)
	or morporation,	(2,100 01 1111110111, 11 011101 11111	porporum.)
6	(Date first transacted business in Flo		
	(SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability) $(A DA V CAA 211A 21$	
7	(Principal of	OFFICE address)	<u> </u>
	(,		
	(Current mailing a	ddress, if different)	18
			A R
8. Name and stree	et address of Florida registered agent: (P.O. E	lox NOT acceptable)	₹ <b>6</b>
Name:	CBT I Services LLC	_	
Office Address:	6336 SW 92nd Dr.	_	- <sup>17</sup> 는 <b>:                                   </b>
	JOKDEN	, Florida <u>32052</u>	F
	(City)	(Zip code)	
9. Registered age	ent's acceptance:		
	ned as registered agent and to accept service application, I hereby accept the appointmen		-
further agree to c	omply with the provisions of all statutes rela	tive to the proper and complete	
duties, and I am f	familiar with and accept the obligations of m	y position as registered agent.	
<del></del>	Joa Carolere Ju	<u> </u>	
	(Registered age	nt'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:
B. OFFICERS
President: KAYN TUCKEY
Address: 490 Phncess Dr.
1 avo Dark 60 311026
Vice President: Jimmy Tucker
Address: 4901 Princess Dr.
1 (1/0 DANK 600 21/02/0
Doul Gill
Address: 10230 Clanty Road alphanetta, 6a 30004
1 J
Treasurer:
Address:
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. KAYIYN TUCKER, CED
(Typed of printed name and capacity of person signing application)

Control Number: 18027707

## 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

#### **Kaebo Demolition Company** 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 : 15598376 Date Inc/Auth/Filed: 01/24/2018 Jurisdiction Georgia Print Date : 03/22/2018

Form Number : 211



R: 1h