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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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2018 FAX - J D 3: 50



April 25, 2018

SID AKINS 1655 W SANDTOWN RD MARIETTA, GA 30064

SUBJECT: WEST COBB ELECTRIC, INC.

Ref. Number: W18000038796

RECEIVED

We have received your document for WEST COBB ELECTRIC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed; and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to, Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00008491

www.sunbiz.org

Division of Corporations P.O. ROV 6397 Tallahassas Florida 29214

COVER LETTER

Division of Corporations	
SUBJECT: Wes + Cobb Election Name of corporat	ric Inc.
Name of corporation	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
5id Akins Name	
Name	of Person
West Sobb Elactric Z	7 1
West Cobb Electric Z	Company
1655 West Soudfown	Rd
1655 West Soudfown	
Morietty Ga. 300 City/Stat	64
City/Star	e and Zip code
HAKINS @ COMCAS E-mail address: (to be us	t net
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Sid Akins at (40	Code Daytime Telephone Number
Name of Person Area C	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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

1. West	Cobb Electric Inc. Orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting bus	siness in Florida)	
2. Georg	y under the law of which it is incorporated) 3. (FEI number, if applications)		
(State or country	y under the law of which it is incorporated) (FEI number, if applica	(FEI number, if applicable)	
	O - 200 Y - 5. of incorporation) (Date of duration, if other than		
(Date of incorporation) (Date of duration, if other than perpetual)		perpetual)	
6. N//	<i>9</i>		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1	703 20	
7. 1655 W	lest Soudtown Rd. Morritta Ga.	30064	
	(Principal office address)	<u> </u>	
		J	
	(Current mailing address, if different)	مر.	
		SU SU	
8. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Sid Akins		
Office Address:	1 Address of Florida registered agent: (F.O. Box NOT acceptable) Sid Akins 4939 Florence Terrice Unit 306 New Port Richez, Florida 30652 (City) (Zip code)		
	New Port Richez, Florida 30652		
	(City) (Zip code)		
O. Docistanad and	nt ³ s againtances		

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.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	-
Director:	
Address:	15 15 25 24
Address.	
B. OFFICERS	
President: Sid Atius	٠ <u>٠</u>
Address: 1655 wist Soudtown Rd. Mariette Go.	330064
radicas	
Vice President: Trace Akins	
Address: 1655 West Sandtown Rd- Morrietta Ga, 30064	
Secretary: Tina Akins	
Address: 1855 West Soudtown Rd. Marietty 6	30069
Treasurer: Sid Akins	., 0000
Treasurer: Or Or NATI	30010
Address: 1655 West Sandtown Rd Morietta, Ga,	
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 are true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	e facts stated herein nt of State constitutes
13. Sid Akins President	
(Typed or printed name and capacity of person signing application)	

Control Number: 0407239

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

WEST COBB ELECTRIC, INC.

a Domestic Profit Corporation

Ayri Lind

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 is sued. 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 : 15773698
Date Inc/Auth/Filed: 01/30/2004
Jurisdiction : Georgia
Print Date : 05/03/2018

Form Number : 211



B: P. Kemp Secretary of State