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COVER LETTER

TO: Registration Section Division of Corporations		
Metropolitan Renovation Services, Inc. SUBJECT:		
Name of corporation - mu	st include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Author-Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	and check are submitted to register the	
Please return all correspondence concerning this matter to the James M. Bartlett	e following:	
Name of Perso	n	
Metropolitan Renovation Services, Inc.		
PO Box 100		
Address		
Austell, GA 30168		
City/State and Zi	p code	
E-mail address: (to be used for fu	ture annual report notification)	
For further information concerning this matter, please call:		
Jimmy Bartlett 404 65	25-9144	
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:		
	\$87.50 Filing Fee. tified 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.

(If nome unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business	ss in Florida)
Georgia	3	20-4928418	
(State or countr 5-30-2006	y under the law of which it is incorporated)	(FEI number, if applicable)	
(I)ate	of incorporation)	(Date of duration, if other than per	petual)
n/a			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
291 Communic	ations Drive Norcross, GA 30093		
	(Princ	ipal office address)	·····
O Box 100 Aus	stell, GA 30168		
	(Current mail	ing address, if different)	
	(Current mail	ing address, if different)	8 HAY
Name and stree	et address of Florida registered agent: (P		8 HAY 17
Name and <u>stree</u>			8 HAY 17 PH
Name:	et address of Florida registered agent: (P		B HAY 17 PH C
Name:	et address of Florida registered agent: (P Heather Gorrell	.O. Box <u>NOT</u> acceptable)	8 HAY 17 PH C: 19
	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton	.O. Box <u>NOT</u> acceptable) Florida	8 HAY 17 PH C: 19
Name: fice Address: Registered agr	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance:	O. Box NOT acceptable) 33487 (Zip code)	
Name: Tice Address: Registered agiving been name	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance: ned as registered agent and to accept ser	O. Box NOT acceptable) 33487 (Zip code) vice of process for the above stated corporate to the stated	ration at the pla
Name: fice Address: Registered againg been naming the signated in this	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance: ned as registered agent and to accept ser	O. Box NOT acceptable) 33487 (Zip code) vice of process for the above stated corporation as registered agent and agree to acceptable)	ration at the pla t in this capacit
Name: Fice Address: Registered againing been namesignated in this other agree to contact the second secon	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance: and as registered agent and to accept ser application. I hereby accept the appoint	O. Box NOT acceptable) 33487 (Zip code) vice of process for the above stated corportment as registered agent and agree to acceptable to the proper and complete perfo	ration at the pla t in this capacit
Name: fice Address: Registered againg been namesignated in this other agree to contact the contact that the contact is the contact that the contact is the contact that the contact is the contact is the contact in the	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance: ned as registered agent and to accept ser	O. Box NOT acceptable) 33487 (Zip code) vice of process for the above stated corportment as registered agent and agree to acceptable to the proper and complete perfo	ration at the pla t in this capacit
Name: Tice Address: Registered againing been namsignated in this	et address of Florida registered agent: (P Heather Gorrell 951 Broken Sound Pkwy., NW Suite 100 Boca Raton (City) ent's acceptance: and as registered agent and to accept ser application. I hereby accept the appoint	O. Box NOT acceptable) 33487 (Zip code) vice of process for the above stated corportment as registered agent and agree to acceptable to the proper and complete perfo	ration at the pla t in this capacit

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. DIRE	John Ouzintance (°FO
	951 Broken Sound Pkwy, NW Suite 100
Address.	Boca Raton, FL 33487
-	Heather Gorrell, CFO
	rman:
	Boca Raton, FL 33487
Director:	
Address.	
Director:	
B. OFFI	ICERS
President:	James M. Bartlett
Address	4291 Communications Drive
	Norcross, GA 30093
Vice Presi	ident:
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: 12.	Signature of Director or Officer Signature of Director or Officer
The officer true a third do	and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
13. Jame	es M. Banlett, President (Typed or printed name and capacity of person signing application)

Control Number: 0643481

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 scal of my office that

METROPOLITAN RENOVATION SERVICES, 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 : 15789034 Date Inc/Auth/Filed: 05/30/2006 Jurisdiction : Georgia Print Date : 05/14/2018

Form Number : 211



B: P. Kemp Brian P. Kemp Secretary of State