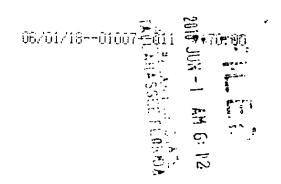
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(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



500313812425



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
Alpha Chem of Georgia, Inc. SUBJECT:			
	poration - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of G above referenced foreign corporation to transactions."	ood Standi	ng" and check are subr	
Please return all correspondence concerning the Kevin Gilliard, CPA	is matter to	the following:	-
1	Name of Per	son	
Clements, Purvis & Stewart, P.C.			
F	irm/Compa	ny	
1201 North Madison Avenue			
	Address		
Douglas, GA 31533			
	y/State and	Zip code	
keving@cpscpa.com			
E-mail address: (to	be used for	future annual report n	otification)
For further information concerning this matter	, please cal	l:	
)12	384-2350	
Name of Person A	Area Code	Daytime Teleph	none Number
STREET/CQURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following amount: ■ \$70.00 Filing Fee Certificate of Sta	:& O \$	678.75 Filing Fee & Certified Copy	S87.50 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)
Georgia		26-0205860	,
(State or countr 05/21/2007	y under the law of which it is incorporated)	(FEI number, if app	·
(Date 06/15/2018	of incorporation) 5.	(Date of duration, if other	than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 and Douglas, GA 31535		ty)
	(Principa ad Douglas, GA 31535	al office address)	2018 J
	(Current mailing	g address, if different)	55 ±
3. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
	CT Corporation System		
Name:			
	1200 South Pine Island Road	_	<u>.</u>
Name: Office Address:	1200 South Pine Island Road Plantation	33324 , Florida	7. Z

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.

Ann war	Amun Kamran, Assistant Secretary	
	(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 Jason Harris Chairman: 195 Mandarin St. Address: Douglas, GA 31533 Vice Chairman: _____ Address: ___ Director: Address: B. OFFICERS Jason Harris President: P.O. Box 1265 Address: _ Douglas, GA 31534 Vice President: Brandi Harris Secretary: P.O. Box 1265 Douglas, GA 31534 Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Jason Harris, President 13.

Control Number: 07042702

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

ALPHA CHEM OF GEORGIA, 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 : 15803289
Date Inc/Auth/Filed: 05/18/2007
Jurisdiction : Georgia
Print Date : 05/22/2018

Form Number : 211



Brian P. Kemp Secretary of State