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(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
(5)	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
	. :			

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N CULLIGAN AUG 2 2 2018

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: SHERMA	AN AND HEMSTRI	EET INC.			
		Name o	f corporation	- must includ	le suffix	
Dear S	ir or Madam:					
"Certif	icate of Existenc		of Good Star	nding" and che		Business in Florida," nitted to register the
	return all corres _i H EDGE	oondence concerni	ng this matte	to the follow	ing:	
			Name of	Person	, · ,	
SHERM	MAN AND HEMS	TREET INC.				
			Firm/Con	ipany		
624 El.	LIS STREET					
AUGU	STA, GEORGIA :	60901	Addre	rss		
JEDGE	E@SHERMANAN	DHEMSTREET.CO	City/State a M	nd Zip code		
	•	E-mail address:	(to be used	for future anni	ial report no	tification)
For fur	ther information	concerning this ma	atter, please o	all:		
JORDEN HOLCOMBE		706 at (922-0397			
	Name of Perso		Area Cod	e Dayt	ime Telepho	one 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		etion porations	
Enclos	ed is a check for	the following amo	unt:			
□ \$70	0.00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filin Certified Co	=	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2018

JOSEPH EDGE 624 ELLIS STREET AUGUSTA, GA 30901

SUBJECT: SHERMAN AND HEMSTREET INC.

Ref. Number: W18000071443

We have received your document for SHERMAN AND HEMSTREET 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6052.

Letter Number: 718A00016193

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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.	(Enter name of c	ND HEMSTREET INC. corporation; must include "INCORPORATED," Corp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
2.	GEORGIA	3. s	opted for the purpose of transacting business in Flo	orida)
4.	3-22-2005	ry under the law of which it is incorporated) 5.	9-3803418 (FBI number, if applicable)	
6.		of incorporation)	(Date of duration, if other than perpetual)	2018.7
7.		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 EET AUGUSTA, GEORGIA 30901	lorida, if prior to registration) 2. F.S., to determine penalty liability)	ZOIR AUG 20 P
			office address)	PH 2: 1
•		(Current mailing	address, if different)	5
8.	Name and stree	et address of Florida registered agent: (P.O. InCorp Services, Inc.	Box <u>NOT</u> acceptable)	
Of	fice Address:	17888 67th Court North		
		Loxahatchec	, Florida	
		(City)	(Zip code)	

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.

Nicole Acosta on behalf of InCorp Services, Inc.

(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:	
B. OFFICERS	201 S
President: UC Edge	FE E T
Address: (124 ellis St Angusta GA 30901	ZOUR AUG 20 SECRETARY TALLAHASS
	SER OF IT
Vice President: Connil WUSDN	F-0, 2
Address: 1024 11115 St Augh (ta GA 30901	SALE SALE
	<u></u>
Secretary: Chris Famow	
Address: Le24 Ellis St Augusta GA 30901	
Treasurer: JULI WEATHURBEL	
Address: Le 24 ellis st Augusta GA 3090/	
,	
NOTE: If necessary, you may attach an addendum to the application listing additional of 12.	ficers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affinate are true and that he or she is aware that false information submitted in a document to the I	ms that the facts stated herein
a third degree felony as provided for in s.817.155, F.S.	repartment of State constitutes
13. <u>Joe Edge</u>	
(Typed or printed name and capacity of person signing application	n)

Control Number: 0522549

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

SHERMAN AND HEMSTREET 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 : 16045240 Date Inc/Auth/Filed: 03/22/2005 Jurisdiction : Georgia Print Date : 07/26/2018

Form Number : 211



B:PL Brian P. Kemp Secretary of State