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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

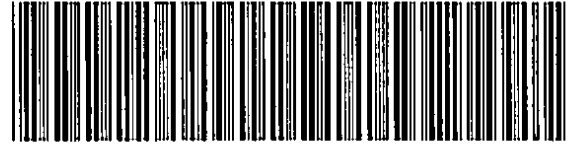
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK LARRY G. STAFF
TALLAHASSEE, FLORIDA

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JUN 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

WILLIAM HINSON
PO BOX 346
JESUP, GA 31598

SUBJECT: CURB & GUTTER PROFESSIONALS INC.
Ref. Number: W19000053893

We have received your document for CURB & GUTTER PROFESSIONALS 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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. opt 1, 0

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00011245

fax 850-245-6030

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

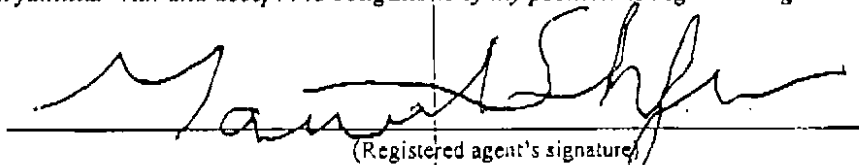
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Curb & Gutter Professionals, Inc.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Georgia	3. 20-0693565
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. November 2003	5. _____
(Date of incorporation)	(Date of duration, if other than perpetual)
6. _____	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 140 Pioneer Road, Jesup, GA 31545	
(Principal office address)	
P O Box 346, Jesup, GA 31598	
(Current mailing address, if different)	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Garrett Shiflet
Office Address:	10002 SE 5th Drive
Webster	33597
(City)	Florida (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: _____
_____**B. OFFICERS**

President: William Hinson

Address: P O Box 346, Jesup, GA 31598

Vice President: William Hinson

Address: P O Box 346, Jesup, GA 31598

Secretary: William Hinson

Address: P O Box 346, Jesup, GA 31598

Treasurer: William Hinson

Address: P O Box 346, Jesup, GA 31598

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FALL ARMY MET. PL BRIBB**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. William Hinson, President

(Typed or printed name and capacity of person signing application)

Control Number : 0363305

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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CURB & GUTTER PROFESSIONALS, 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 : 17199127
Date Inc/Auth/Filed: 11/17/2003
Jurisdiction : Georgia
Print Date : 05/16/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State