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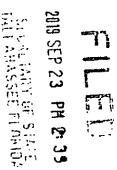
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COVER LETTER

TO:	_	ration Secon of Cor	ction porations								
SUBJ			Consulting Inc.								
SUDa	ECI.		Name	e of corpora	ntion -	- must i	nclude suffix				
Dear S	ir or Ma	dam:									
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		ll corresp raves, CP.	ondence concer A	rning this m	atter	to the fo	ollowing:				
			<u>-</u>	Name	e of P	erson					
Georgi	anne S G	raves, CP.	A PC								
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-		<u> </u>		A	ddres	SS	•				
Gunter	sville, Al	. 35976									
georgia	innesgrav	es@gsg-c	pape.com	City/Sta	ite an	d Zip co	ode		7.10 7.10 7.10 7.10 7.10 7.10 7.10 7.10	2019 SE	
			E-mail addre	ss: (to be u	sed fo	r future	annual report	notificatio	n), 5:	E 2	CHARLE .
For fur	ther info	rmation	concerning this	matter, plea	ase ca	ıll:				3 PH	Control of
Georgia	anne S G	raves CPA		256 at (960-5	5061			Ligh Cu	(21 , =-
	Name	of Persor	1	Area	Code		Daytime Tele	phone Nun	nber*	- .	
	Registr Divisio Clifton 2661 E	ation Sec on of Cor Building	porations S Center Circle	SS:			MAILING A Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporation 27			
Enclose	ed is a cl	heck for	the following ar	nount:							
□ \$70	.00 Filin	ig Fee	S78.75 Fili Certificate				Filing Fee & ed Copy		.50 Filin tificate tified C	of Sta	

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.

ALABAMA		te name adopted for the purpose of transacting business in Florida) 83-4215869
03/05/2019		3. (FEI number, if applicable)
(Date	of incorporation)	5. (Date of duration, if other than perpetual)
	(SEE SECTIONS AND ISAL &	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability) W 23 ⁻⁴ S+ PMB # 3/9 Panama (Principal office address)
	ay 431. Guntersville AL 35976	
	(Curren	nt mailing address, if different)
Name and stree Name:	t address of Florida registered agen	Mil. (P.O. Box NOT acceptable)
ffice Address:	653 W 23rd St Panama City	PMB #319 . Florida 32405 (Zip code)

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 Addison Wood Chairman: 3212 Sunrise Drive, Guntersville AL 35976 Address: _____ Vice Chairman; ______ Address: ______ Address: ___ **B. OFFICERS** Addison Wood President: 3212 Sunrise Drive, Guntersville AL 35976 Address: _ Vice President: Address: _____ 5 1 . Secretary: _____ Treasurer: _____ Address: ____ 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. Addison Wood, President

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

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that AK Wood Consulting Inc. was formed in Marshall County, Alabama on March 5, 2019. The Alabama Entity Identification number for this entity is 545-396. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/18/2019

Date

X2. Menill

John H. Merrill

Secretary of State