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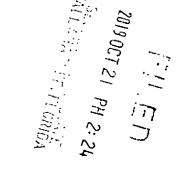
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| W19000093026 |

Office Use Only



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October 21, 2019

Sent Via Facsimile: 850-245-6030 (2 pages)

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Foreign Entity Filing: The SmithCo Group LLC
Document #: W19000093026 - Application Deficiency

To Whom It May Concern:

The above application was rejected because the Registered Agent signature was missing. Please find attached a revised page 2 including the Registered Agent signature.

Thank you for your assistance with this filing.

Sincerely,

David L. Taber, Jr.

:

President

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--------------------------------------|-------------------|--|--|
| The SmithCo Group Inc. | | | | |
| SUBJECT: Nar | ne of corporation | n - m | ust include suffix | |
| Dear Sir or Madam: | · | | | |
| The enclosed "Application by Foreign "Certificate of Existence," or "Certification above referenced foreign corporation to | cate of Good State to transact busin | anding ness it | g and check are subm n Florida. | Business in Florida. The itted to register the TALL STATE OF THE T |
| Please return all correspondence conc Marie H. Smith | erning this matt | er to i | the following: | CT 21 |
| The SmithCo Group Inc. | Name o | f Pers | son | PH 2: |
| | Firm/Co | mnar | Y' | 9: 24 0: NE A |
| 5829 Swinging Gate Rd. | 1 Hill Co. | iiipui | ·· | |
| | Ado | lress | | |
| Gainesville, GA 30506 | | | | |
| | City/State | and 2 | Zip code | |
| smithco.marie@att.net | | | | |
| E-mail add | ress: (to be use | d for | future annual report no | dification) |
| For further information concerning th | is matter, please | e call: | | |
| Marie H. Smith | 706 at (|) | 244-1580 | _ |
| Name of Person | Area C | nde ' | Daytime Telepho | one Number |
| STREET/COURIER ADDI- Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassec, FL | ction porations |
| Enclosed is a check for the following | amount: | | | |
| | Filing Fee & cate of Status | | 78.75 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.

| If name unavail Georgia | able in Florida, enter alternate corporate n | ame adopt | ed for the purpose of transacting | business i | n Florida) |
|----------------------------|--|-------------|-----------------------------------|-------------|--------------|
| (State or countr | y under the law of which it is incorporated | _ 3 | (FEI number, if app | licable) | |
| 04/25/2016 | , | 5. | (| ₹, | 20 |
| (Date | of incorporation) | - 3 | (Date of duration, if other the | ian përpeti | 130 <u>6</u> |
| t29 Swinging G | (Date first transacted busin (SEE SECTIONS 607.1501 & 6 late Rd., Gainesville, GA 30506-7822 | | | | PH 2 |
| | (Pr | incipal of | fice address) | DRIDA | 24 |
| | (Current r | nailing add | dress, if different) | | |
| lame and stree | et address of Florida registered agent: | (P.O. Bo | x <u>NOT</u> acceptable) | | |
| Name: | Contractor Licensing Inc. | | | | |
| ce Address: | 601 E. Elkcam Circle, Unit B1 | | | | |
| | Marco Island | | 34145 , Florīda | | |
| | (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.

(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.

| Mane H. Smith | | |
|--|--------------------------------------|-----------------------|
| 5829 Swinging Gate Road ss: | | |
| Gamesville, GA 30506 | | |
| Chairman. | | , |
| 88: | | |
| | 2019 | |
| or: | 19 OCT | |
| 88: | | |
| | ÷ | 111 |
| lor: | | |
| ess: | | <u>.</u> |
| OFFICERS | | |
| Marie Fl. Smith | | |
| 5829 Swinging Gate Road | | |
| Gainesville, GA 30506 | | |
| President: | | |
| ess: | | |
| | | |
| tary' | | |
| ess. | | |
| aurer: | | |
| ess: | | |
| E: If necessary, you may attach an addendum to the application listing | additional officers and/or director | S. |
| Signature of Director or Officer | | _ |
| officer or director signing this document (and who is listed in number I rue and that he or she is aware that false information submitted in a docted degree felony as provided for in s.817.155. F.S. | Labove) affirms that the facts state | ed hereir onstitut |
| Murie H. Smith , Presidest (Typed or printed name and capacity of person sign | i ombigation) | |

Control Number: 16039209

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

> The SmithCo Group 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 : 17457447 Date Inc/Auth/Filed: 04/25/2016 Jurisdiction : Сеогена : 07/22/2019 Print Date

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Form Number 211



Bred Roffinger

Brad Railensperger Secretary of State