(Requ	uestor's Name)			
(Address)				
(Address)				
(City/S	State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busin	ness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Fil	ling Officer:			
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020 MAY 26 PM 2: 11
SEGRETARY OF STATE
ALL AHASSEF, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ACOUSTI INTERIOR CONT	RACTORS, INC.			
	f corporation - mu	st include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Standing	and check are subm		
Please return all correspondence concerning this matter to the following:			FILLAHAS	
VICTORIA C. ZINN, ESQ.			習り	
ZINN LAW GROUP	Name of Perso	n	26 PM	
P.O. BOX 10016	Firm/Company		STATE FLORID	
	Address		<i>></i>	
DAYTONA BEACH, FL 32120				
	City/State and Zi	p code		
VICTORIA@ZINNLEGAL.COM			er Fightings was an early with a state of the second of th	
E-mail address:	(to be used for fu	ture annual report no	otification)	
For further information concerning this ma	atter, please call:			
VICTORIA C. ZINN	at ()	256-9466		
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT OF S g Fee & \$ 578	STATE .75 Filing Fee & rtified 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.

ACOUSTI INTERIOR CONTRACTORS INC.

under the law of which it is incorporated.

(If name unavail	ible in Florida, enter alternate corporate	e name adopted for the purpose of transact	ing business in Florida)
GEORGIA		3	
(State or countr	y under the law of which it is incorpora	3. (FEI number, if a	applicable)
8/28/2007		5.	
(Date	of incorporation)	5. (Date of duration, if othe	r than perpetual)
			
	(Date first transacted bus (SEE SECTIONS 607.1501 &	siness in Florida, if prior to registration) : 607.1502, F.S., to determine penalty liab	OZO HAY SECRE L ALLAHA
1420 WHITE CH	RCLE NW SUITE #105		
	(Princi	pal office street address)	Sign So
MARIETTA, GA	30060		
	(Current	t mailing address, if different)	SIMI LORIE
			PM 2: 11 OF STATE EL FLORIBA
Name and stree	t address of Florida registered agent	t: (P.O. Box <u>NOT</u> acceptable)	
Name:	VICTORIA C. ZINN		
ffice Address:	437 N CLYDE MORRIS BLVD		
	DAYTONA BEACH		
	(City)	(Zip code)	
			ed corporation at the pla

A. DIRECTORS								
□Chairman	Name: TIM SMITH	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	1420 WHITE CIRCLE NW	Director						
■ President	SUITE #105	□President						
□Vice President	MARIETTA, GA 30060	□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
□Director		□Director		2020 SED				
□President		□President		AND TO				
□Vice President	<u> </u>	□Vice President		SECTION OF THE PROPERTY OF THE				
□Secretary	□Treasurer	☐ Secretary		Treasurer ()				
□Other	Other	□Other		RID IN THE RESERVE TO				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		□Treasurer				
Other	Other	□Other		Other				
Important Notice: individuals may be	Lise an attachment to report more than six (6). The attachment to the index when filing your Florida Department	chment will be image nLof-State-Annual Re	d for reporting peport form.	ourposes only. Non-indexed				
· <u>·</u> ·	Signature of Director o	r 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.81 x 155, F.S. VICTORIA C. ZINN, ESQ.								

Control Number: 07073065

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

ACOUSTI INTERIOR CONTRACTORS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact businessia. 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 : 19126579 Date Inc/Auth/Filed: 08/28/2007 Jurisdiction : Georgia Print Date : 05/08/2020

Form Number : 211



Brad Raffungerger

Brad Raffensperger Secretary of State