

(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:	

Office Use Only



800346097378

ij6/15/20--01050--016 **67.50

66). 115 71 9:52

T GLASS
JUN 18 2020

COVER LETTER

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Future Services, INC				
		Name of	corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corp f Existence," or "Certificate o ced foreign corporation to trai	f Good Stan	ding" and check are sub		
Please	return :	all correspondence concerning	g this matter	to the following:		
Robier	A. Acel	oo-Vasquez				
			Name of	Person		
Future :	Services	s. INC.				
			Firm/Com	pany		
PO Box	x 1009					
			Addre	ess		
Grayso	n, GA 3	0017				
		-	City/State a	nd Zip code		=
racebo@	@Tuture:	servicesinc.com				ć.,
		E-mail address: (to be used f	or future annual report n	otification)	
For fur	ther int	formation concerning this mat	ter, please c	all:		Cf:
Robier	A. Acel	xo-Vasquez	, 770	979-8180 ext 117		- 5: 25
	Name	e of Person	Area Code) 2 Daytime Telepl	hone Number	: 52
	Regis Divisi The C	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	nake ch	check for the following amounted payable to: FLORIDA DEPing Fee	ARTMENT Fee &	OF STATE l \$78.75 Filing Fee & Certified Copy	\$87.50 Filio Certificate Certified C	of Status &

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.

Future Services, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
"Inc.," "Co.," "C	orp," "Ine," "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ess in Florida)	
Georgia	3	58-2403454		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	e)	
05/29/1998	5.	(Date of duration, if other than per		
	of incorporation)	(Date of duration, if other than per	rpetual)	
. <u>05/29/2020</u> 				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
134 Hurricane Sh	oals Rd. Ste. A. Lawrenville, GA 30046			
<u> </u>		e <u>street</u> address)		
PO Box 1009 Gra	ayson, GA 30017		<i>(-)</i>	
	(Current mailing	address, if different)	رے دے	
.,			<i>'</i> .	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Darrell Lee	_	7	
ffice Address:	64E Crossing Ln.		76	
	Santa Rosa Beach	Florida	(၁	
	(City)	(Zip code)		
Dagistarud nac	net's assumentance			
	ent's acceptance: ed as registered agent and to accept service	e of process for the above stated corpo	ration at the pla	
esignated in this	application, I hereby accept the appointme	ent as registered agent and agree to ac	t in this capacity	
armer ugree 10 ci nd I am familiar	omply with the provisions of all statutes rel with and accept the obligations of my posi	auve to the proper and complete perfo tion as revistered avent.	ormance of my d	

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: Tonya Lee				
□Vice Chairman	Address:	□Vice Chairman	Address: 3005 Berry Rd.				
□Director Loganville, GA 30052		□Director	Loganville, GA 30052				
■ President		□President					
□Vice President		■Vice President					
□Secretary	Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	□Other				
□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					
			2020				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President	<u>۾</u> ————				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	Other_				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12.							
she is aware that fa s.817.155, F.S.	Signature of Director tor signing this document (and who is listed in numb ise information submitted in a document to the Departure - President/CEO	er 11 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in				

Control Number: K820956

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

FUTURE SERVICES, 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.

. ن

| Docket Number | : 19166263 | Date Inc/Auth/Filed : 05/29/1998 | Jurisdiction | : Georgian | Print Date | : 05/29/2020

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State