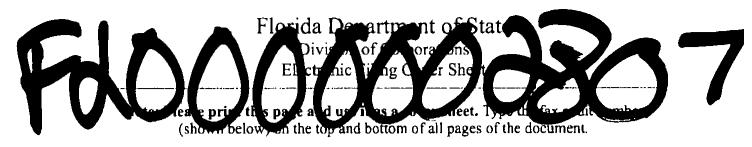
6/23/2020

Division of Corporations



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H200001927253ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION SAFENVIRONS, INC.

Certificate of Status	0 🚣	
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Page Count	04	
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

SAFENVIRONS	i. INC. irporation: must include "INCORPORATED," "	COMPANY " -CORPORAT	IOV "	
	orp," "Inc," "Co." or "Corp.")	COMPANT, CORPORAT	10.5	
(II name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transc	teting business in Florida)	
GA	58	3-2267357		
(State or country	y under the law of which it is incorporated)	(PFI number il anglicable)		
10/15/1996				
213.000	55.	/Data of dumbles of a	shorther attended?	
	DI - 02 - 2020 (Date first transacted business in F			
	(Date first transacted business in F	lorida, if prior to registration)		
	(SEE SECTIONS 697,150) & 607,1502	, F.S., to determine penalty li	ability)	
	mericus GA 31709-6536			
	(Principal	. CC = . = 3.3	· · · · · · · · · · · · · · · · · · ·	
	(1.1021)40	ornce address)		
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PO Box 6536, 10	9 Hudson St, Americus GA 31709-6536	ornce address; address, if different)		
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Name and <u>stree</u> Name:	9 Hudson St. Americus GA 31709-6536 (Current mailing and address of Florida registered agent: (P.O. C T Corporation System) 1200 South Pine Island Road Plantation,	Box NOT acceptable)		
Name and <u>stree</u> Name:	9 Hudson St. Americus GA 31709-6536 (Current mailing and address of Florida registered agent: (P.O. C.T Corporation System) 1200 South Pine Island Road	Box NOT acceptable)		
Name and <u>stree</u> Name: fice Addross:	9 Hudson St. Americus GA 31709-6536 (Current mailing and address of Florida registered agent: (P.O. C T Corporation System) 1200 South Pine Island Road Plantation,	Box NOT acceptable)		
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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:

ο.	Page	4	of	5

A. DIRECTORS
Chairman: James W. Smith
Address: P.O. Box 6536
Americas GA 31709
Vice Chairman:
Address:
Director:
Address:
######################################
Director:
Address:
R. OFFICERS
President: James W. Smith
PO Box 6536 Address:
Americes, GA 31709-6536
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attachean eddengtom to the application listing additional officers and or directors.
12 500 351
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. <u>Jame's W. Snith</u> , <u>Pre-Sident</u> (Typed or printed name and capacity of person signing application)

Control Number: K631914

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

SAFENVIRONS, 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 : 18968979
Date Inc/Auth/Filed: 10/15/1996
Jurisdiction : Georgia
Print Date : 04/10/2020

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State