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COVER LETTER

•	ion Section of Corporations		
SUBJECT:	Barnet (Ontraction	nc.
Dear Sir or Mada	ım:		
Affairs in Florida	oplication by Foreign Not for Profit C ", "Certificate of Existence", or "Cert e referenced not for profit corporation	tificate of Status" and che	eck are submitted to
Please return all	correspondence concerning this matte	r to the following:	
_	Amber John	OU Serson	
_	Barnett Firm/Con	contracting, Y	<u>lt.</u>
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_	. radic	627 ss ton 64 3067	- NILMD
_	Magood_a a gal E-mail address: (to be used the fut	, - ,	12
For further inform	nation concerning this matter, please	call:	
Ambe	Vame of Person at (3)	rea Code Daytime Tel	S700 ephone Number
Division P.O. Bo	tion Section of Corporations	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810
Please make check	ck for the following amount: payable to: FLORIDA DEPARTMENT Fee □\$78.75 Filing Fee & □ Certificate of Status	F OF STATE 1\$78.75 Filing Fee & Certified Copy	□\$87.50 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. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Barnett Con Machine In C(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 58-2608049

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

\$2. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] total]: A. DIRECTORS Name: WILKES BARNETT \Box Chairman Chairman Vice Chairman Address. 144 lacington Rd. ☐ Vice Chairman Address: ____ Washington, GA. 30673 □ Director □ Director WILLES BARNETT [President □President ₩ice President = ☐ Vice President Treasurer ☐ Secretary □ Secretary □ Treasurer □Other:_____ □Other: _____ ☐ Other:_____ □Other: Name: KARL BERG. □Chairman ☐ Chairman Chandler Kd. Address: □ Vice Chairman □ Director □ Director □President □President X Vice President □Vice President □Treasurer □ Secretary □ Secretary ☐ Treasurer Other: □Other:_____ $\tilde{\sim}$ Name: VIVIAN BARNET □Chairman □ Chairman Address: 1424 UKINGTON Ed Address: □ Vice Chairman □Vice Chairman Washington 69 30673 □ Director □ Director □President □President □Vice President ☐ Vice President Secretary □Treasurer ☐Secretary □ Treasurer □Other: ☐ Other:_____ □Other: NOTE: 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Control Number: 0103922

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

BARNETT CONTRACTING, 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 : 19205454
Date Inc/Auth/Filed: 01/22/2001
Jurisdiction : Georgia
Print Date : 06/18/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State