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COMMERICAL CONTROLS GROUP, INCORPORATED

TYPE OF FILING: APPLICATION

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-----|
| SUBJECT: Commercial Councils France Incorporated | |
| Name of corporation - must include suffix | |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| Allison S. Bra-Hey Name of Person | : |
| Name of Person | - |
| Mingledorff's Incorporated Firm/Company | ر ، |
| • • | |
| 6675 Jones Mill Court | |
| Address | |
| Norcross, Ecorgia, 30092 City State and Zip code | _ |
| City/State and Zip code | |
| abrantley @ mingledorffs. com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Allison S. Brantley at (770) 239-2283 Name of Person Area Code Daytime Telephone 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 amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\Bigsim \text{S78.75 Filing Fee & }\Bigsim \text{S78.75 Filing Fee & }\Bigsim \text{Certificate of Status}\$ Certificate of Status Certificate 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.

| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. C160rq12 3. 20 - 022 993 (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 07 25 2003 (State or country under the law of which it is incorporated) (Carter a laternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) | - |
|--|----------------|
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. | - |
| 2. Greorgia (State or country under the law of which it is incorporated) 4. 07/25/2003 5. 20-0229931 (FEI number, if applicable) | - • |
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| (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 07 25 2003 5. | • |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 07 25 2003 5. | |
| 4. <u>07/25/2003</u> s | |
| السحائدات فيادف في مراح يحود | - |
| (Date of incorporation) (Date of duration, if other than perpetual) | ٠ |
| 6 : 📴 | . . |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | - |
| 7. 6675 Jones Mill Court, Norcross, Georgia 30092 | n - |
| (Principal office <u>street</u> address) | |
| (Current mailing address, if different) | |
| (,,,,, | |
| 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Na | |
| Name: | |
| Office Address: | |
| , Florida | |
| (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 | |
| designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of m | |
| and I am familiar with and accept the obligations of my position as registered agent. | ,, |
| | |
| Please see attached | |
| (Registered agent's signature) | |
| 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the juris | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTORS | | | | | | |
|----------------------------------|---|---|---|--|--|--|
| □ Chairman | Name: David R. Kesterton | □Chairman | Name: Robert W. Willis | | | |
| □Vice Chairman | Address: 66575 Jones Mill | □Vice Chairman | Address: 6675 Jones Mil | | | |
| □Director | Court, Norcross, | Director | Court, Norcross, | | | |
| President | Gieorgia 30092 | □President | Gleorgia 30092 | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | Treasurer | ☐ Secretary | Treasurer | | | |
| □Other | Other | Other | □Other □ | | | |
| | | | Name: | | | |
| □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 | | | |
| | | | | | | |
| □Chairman | Name: WINSO CONSTRUCTION | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | | | |
| □Director | | □Director | | | | |
| □President | | □President | | | | |
| □Vice President | | ☐ Vice President | | | | |
| Secretary | □Treasurer | ☐ Secretary | ☐ Treasurer | | | |
| Other | O(her | Other | Other | | | |
| Important Notice: | Use an attachment to report more than six (6). The attact added to the index when filing your Fforiga Heaptythree | hment will be image nt of State Annual R | ed for reporting purposes only. Non-indexed eport form. | | | |
| 12 | (A/UIV) | | | | | |
| Signature of Director or Officer | | | | | | |
| | ctor signing this document (and who is listed in number also information submitted in a document to the Departs | nent of State constitu | | | | |
| 13 | (Typed or printed name and capacity of perso | N Signing confication | | | | |
| | (.) person manife and support) of person | | 9 | | | |

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

06/29/2020

ENTITY NAME: Commercial Controls Group, Incorporated

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Control Number: 0341175

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

COMMERCIAL CONTROLS GROUP, INCORPORATED

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 : 19228164
Date Inc/Auth/Filed: 07/25/2003
Jurisdiction : Georgia
Print Date : 06/29/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State