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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
	·	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
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COVER LETTER

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TO:		ration Section on of Corpor				
SHRI	FCT.	Wright Broth	ers Contracting, Inc.			
30133			Name of corpor	ation - n	nust include suffix	
Dear S	Sir or Ma	dam:				
"Certif	ficate of	Existence."	by Foreign Corporation or "Certificate of Good orporation to transact b	Standin	g" and check are sub	et Business in Florida," mitted to register the
Please	return al	l correspon	dence concerning this n	natter to	the following:	
lan T.	Manning					
			Nan	ne of Pers	son	
Wright	Brothers	Contracting.	Inc.			
		-	Firm.	/Compar	y	
1500 L	auderdale	e Memorial F	ighway			
				Address		
Charles	ston, TN	37310				
			City/St	ate and 2	Lip code	
imanni	ng@wbc					
			E-mail address: (to be ι	ised for t	uture annual report n	otification)
For fur	rther info	ormation cor	cerning this matter, ple	ase call:		
lan T.	Manning.	CFO	at (423)	336-2261	
	Name	of Person	Area	Code	336-2261 Daytime Telepl	none Number
	Registr Division The Ce 2415 N	ation Section of Corporentre of Tall	ations nhassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please 1		ck payable to	following amount: FLORIDA DEPARTM S78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified 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.

	orp," "Inc." "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)
Tennessee	3	62-1141726
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
0.410.414.000		
(Date	of incorporation)	(Date of duration, if other than perpetual)
N/A		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
1500 Lauderdale	Memorial Highway Charleston, TN 37310	
	(Principal of	fice street address)
	(Current mail	ing address, if different)
Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	C T Corporation System	
	1200 South Pine Island Road	
ffice Address:		
	Plantation	Florida 33324 (Zip code)
	(City)	(Zip code)
Registered age	nt's acceptance:	
		vice of process for the above stated corporation at the place
anima na mata di isa abain	annlication. I hereby accept the appoint	tment as registered agent and agree to act in this capacity.

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.

Ternell Kearney Assistant Secretary

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

(Registered agent's signature)

Ternell Kearney

A. DIRECTORS	•		
□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:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other		□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President	<u> </u>	□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other		□Other	
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attacked to the index when filing your Florida Departn	tachment will be image nent of State Annual Re	d for reporting purposes only. Non-indexed port form.
12.	Signature of Director	or Officer	
	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa		

s.817.155, F.S.

13. tan T. Manning

Wright Brothers Contracting, Inc. Schedule of Directors

<u>Position</u>	<u>Officers</u>	<u>Address</u>
CEO President Secretary/Treasurer CFO Vice President Vice President Vice President Vice President Vice President	Stephen D. Wright Wendell Marlar Cindy W. Freeman Ian T. Manning Mary W. Salyer J. Mitchell Simpson Mark Touchstone Michael Prince Mathew Arp	P.O. Box 437, Charleston, TN 37310 P.O. Box 437, Charleston, TN 37310
Vice President	Jeff Ball	P.O. Box 437, Charleston, TN 37310



Division of Business Services Department of State State of Tennessee

312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

IAN MANNING

P.O. BOX 437

CHARLESTON, TN 37310

September 1, 2020

Request Type: Certificate of Existence/Authorization

Request #:

0379933

Issuance Date: 09/01/2020

Copies Requested:

Document Receipt

Receipt #: 005761741

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3788335843

\$20.00

Regarding:

WRIGHT BROTHERS CONTRACTING, INC.

Filing Type:

For-profit Corporation - Domestic

Control #:

93220

Formation/Qualification Date: 06/06/1980

Date Formed:

06/06/1980

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: BRADLEY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WRIGHT BROTHERS CONTRACTING, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 041497435