# F2100001671

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2021

JOHN CRAIG 1063 EAST MEMORIAL DR DALLAS, GA 30132

SUBJECT: CRAIG CONSTRUCTION CO., INC.

Ref. Number: W21000010626

We have received your document for CRAIG CONSTRUCTION CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P09000018061.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$300.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 221A00002295

RECEIVED

FEB 1 5 2021

## **COVER LETTER**

Craig Construction Co., Inc.			
Name	of corporation ·	must include suffix	
adam:			
Existence," or "Certificate	e of Good Stand	ing" and check are sul	
all correspondence concern	ing this matter	to the following:	
			202 S.E.
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E-mail addres	s: (to be used fo	r future annual report	notification)
Cormation concerning this i	natter, please ca	11:	
Craig 770 443		443-2900	
	Area Code	Daytime Telep	ohone Number
tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81		MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
eck payable to: FLORIDA D ng Fee 💢 \$78,75 Filii	EPARTMENT (	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy  VED  2 2021
	Name adam:  "Application by Foreign Context Existence," or "Certificate and foreign corporation to the address of the context of the correspondence concerns and correspondence concerns and correspondence concerns and corporation concerning this the corporation section on of Corporations and Certification Section on of Certification Secti	Craig Construction Co., Inc.  Name of corporation adam:  "Application by Foreign Corporation for A Existence," or "Certificate of Good Standiced foreign corporation to transact businessed for the following amount: eck payable to: FLORIDA DEPARTMENT (etc.)  Name of Patient Comparison on the content of the following amount: eck payable to: FLORIDA DEPARTMENT (etc.)  Name of Patient Corporations (entre of Tallahassee N. Monroe Street, Suite 810) (etc.)  Name of Patient Corporations (entre of Tallahassee N. Monroe Street, Suite 810) (etc.)  Name of Patient Corporations (entre of Tallahassee N. Monroe Street, Suite 810) (etc.)  Name of Patient Corporations (entre of Tallahassee N. Monroe Street, Suite 810) (etc.)  Name of Patient Corporations (entre of Tallahassee N. Monroe Street, Suite 810) (etc.)	Craig Construction Co., Inc.  Name of corporation - must include suffix adam:  "Application by Foreign Corporation for Authorization to Transa Existence," or "Certificate of Good Standing" and check are subsed foreign corporation to transact business in Florida.  Ill correspondence concerning this matter to the following:  Name of Person  Ion  Firm/Company  Iorial Dr  Address  32  City/State and Zip code  gesi.com  E-mail address: (to be used for future annual report  Formation concerning this matter, please call:  at (770

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

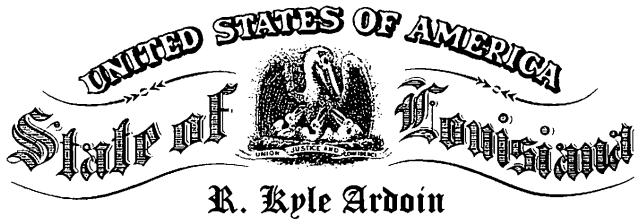
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ion Co Inc.	OVERANCE SCORRORY	TION	_
	orporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	OMPANY, "CORPORA	HON.	
John Craig Cons	truction Company of LA, Inc.			
(If name unavaila	able in Florida, enter alternate corporate name adop	ted for the purpose of trans	acting business in Florida	1)
Louisiana	3 85-1	(FEI number, if applicable)		
(State or country	y under the law of which it is incorporated)	(FEI number,	if applicable)	
02/20/2014				
(Date	of incorporation) 5.	(Date of duration, if o	ther than perpetual)	_
07/01/2019				
-	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			
1063 East Memor	ial Drive, Dallas, GA 30132		第二	]
(Principal office street address)		i (N)	•	
			HR 72 171	_
	(Current mailing ad	dress, if different)	3:47	
Name and stree	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)		
Name:	LEGALINC CORPORATE SERVICES			
tfice Address:	5237 SUMMERLIN COMMONS SUITE 400	_		
	FORT MYERS	, Florida 33907		
	(City)	(Zip code)	_	

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.

#### A. DIRECTORS John Craig Name: □ Chairman Name: \_\_\_\_\_ □ Chairman 1063 East Memorial Drive □Vice Chairman ☐ Vice Chairman Address: Address: Dallas, GA 30132 □ Director Director ■ President □ President □ Vice President □Vice President ☐Treasurer □ Secretary □Treasurer □Secretary ☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: \_ □ Director □ Director □President □President □Vice President □Vice President 🔲 Tréesurer □Treasurer □ Secretary □ Secretary Ţ., `⊟Oilie'r □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_\_ Address: □Vice Chairman □Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director □President □President □Vice President \_\_\_ □Vice President ☐Treasurer □ Secretary □ Treasurer □ Secretary □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. Signature of Director or Officer The officer or director kigning 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 lalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. John Craig, President



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

### **CRAIG CONSTRUCTION CO., INC.**

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on February 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 12, 2021

/2 12 12 162 Secretary of State

Certificate ID: 11321882#JHH62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 41436116D