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COVER LETTER

A

	gistration Section rision of Corporations			
SUBJECT	B. Thompson Contracting, I	ne.		
SOBILE.		of corporation -	must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign C of Existence." or "Certificate enced foreign corporation to	e of Good Standi	ng" and check are submit	
Please retur	n all correspondence concerr	ing this matter to	the following:	
Michelle Th	ompson			
		Name of Pe	rson	
B. Thompso	n Contracting, Inc.			
		Firm/Compa	ny	
170 Walnut	Ridge Way			
		Address		
Covington,	GA 30014			
		City/State and	Zip code	
michelle@tl	nompsoncontrols.com			
	E-mail addres	s: (to be used for	future annual report noti	fication)
For further	information concerning this r	natter, please call	:	
Michelle Th	ompson	at (678	207-7260 Daytime Telephone Number	
Na	me of Person	Area Code	Daytime Telephon	e Number
Reg Div The 241	REET/COURIER ADDRES gistration Section rision of Corporations centre of Tallahassee 5 N. Monroe Street, Suite 81 hahassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
	a check for the following am check payable to: FLORIDA D illing Fee	EPARTMENT Ong Fee &		\$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.

	ontracting, Inc. orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON."	
Thompson Contr	racting, Inc.			
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting business in Florida)	
Georgia, USA	3	86-2678210		
·	under the law of which it is incorporated)	(FEI number, if applicable)		
03/02/2021	5	NA		
	of incorporation)	(Date of duration, if other	er than perpetual)	
NA				
170 Walnut Ridge	e Way, Covington, GA 30014	e <u>street</u> address)	题美元	
N1		address, if different)	22 PM	
Name and stree	t address of Florida registered agent: (P.O. Incorporating Services, Ltd.		19 19 19 19 19 19 19 19 19 19 19 19 19 1	
office Address:	1540 Glenway Drive		i jir	
	Tallahassee	Florida		
		(Zip code)		

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.

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:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
■ President	Bradley R. Thompson	□President					
■Vice President	Christopher R. Gilman	□Vice President					
☐ Secretary	□Treasurer	□Secretary	C	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		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		10ther			
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. 12. Signature of Director or Officer The officers or director significant his decomposition who is lighted in number 11 shows of 65 as that the force stated beginning this decomposition is lighted in number 11 shows of 65 as that the force stated beginning the force of the force stated beginning that the force stated beginning that the force stated beginning the force of the force of the force stated beginning the force of							

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.

Bradley R. Thompson

Control Number: 21061879

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

B. Thompson 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 : 20545635 Date Inc/Auth/Filed: 03/02/2021 Jurisdiction : Georgia Print Date : 03/19/2021

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State