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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	Bobby Taylor Painting H	Ioldings Inc.				
50502011	Name of corporation - must include suffix					
Dear Sir or M	adam:					
"Certificate o	"Application by Foreight Existence," or "Certificed foreign corporation	cate of Good Stand	uthorization to Transact I ng" and check are submi in Florida.	Business in Florida." tted to register the		
Please return	all correspondence conc	erning this matter to	o the following:			
Sherry Collins				_		
 _		Name of Po	erson			
Bobby Taylor	Painting Holdings Inc.					
		Firm/Comp	any			
110 Holt Drive						
		Addres	S			
Acworth, GA	30101					
		City/State and	i Zip code			
sherryc@bobb	ytaylorpainting.com					
	E-mail add	dress: (to be used fo	r future annual report not	ification)		
For further in	formation concerning th	is matter, please ca	II:			
Sherry Collins	Collins at (770) 974-2828 Name of Person Area Code Daytime Telephone Number					
Nam	e of Person	Area Code	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		
Enclosed is a Please make of \$70.00 Fil	~	A DEPARTMENT (\$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.	1. Bobby Taylor Painting Holdings Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"							
	"Inc.," "Co.," "Cor	p," "Inc," "Co," or "Corp.")						
	(If name unavailab	le in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	orida)				
2.	Georgia		84-5141909					
(State or country under the law of which it is incorporated) (FEI number,			84-5141909 (FEI number, if applicable)					
4.	03/16/2020							
••	(Date o	of incorporation)	(Date of duration, if other than perpetual)					
6.	N/A							
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
_	110 Holt Drive Acy		, , , , , , , , , , , , , , , , , , , ,					
7. 110 Holt Drive Acworth, GA 30101 (Principal office street address)								
	SAME		(6)	~				
		(Current mailir	ng address, if different)	21 2	94 334			
				S	***************************************			
8.	Name and street	address of Florida registered agent: (P.C). Box NOT acceptable)	24	1 x >			
	Name:	Olabamidele Oladapo		PH 12:				
0	ffice Address:	3301 SE Slater St	ਾਲ ਜੁਲ੍ਹ	$\ddot{\sim}$				
	moc Address.		The idea 24007	37				
		Stuart (City)	, Florida <u>34997</u> (Zip code)					
		,						
L	. Registered age Taving been name	ed as registered agent and to accept servi	ice of process for the above stated corporation of	at the p	olace			
A	ncionated in this	annlication. I hereby accept the appoints	ment as registered agent and agree to act in this relative to the proper and complete performance	s capac	cury. t			
ft a	urther agree to co nd I am familiar	with and accept the obligations of my po	osition as registered agent.	,,	, шинсь,			
	•							

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]:

(Registered agent's signature)

A. DIRECTORS Name: Robert Mark Cook **⊠**Chairman Name: Olabamidele Oladapo ____ ☐ Chairman Address: 3301 SE Slater St, Stuart, FL 34997 □ Vice Chairman Address: 4906 Magnolia Cottage Way, ☐ Vice Chairman Acworth, GA 30101 □ Director □Director □ President X President ☐ Vice President □ Vice President ☐ Secretary □ Treasurer ☐ Treasurer □ Secretary □Other ____ □Other ☑Other <u>CEO</u> □Other _____ Name: Samuel Maldonado □ Chairman Name: Sherry Collins □Chairman Address: 110 Holt Drive Acworth, GA 30101 □ Vice Chairman Address: 110 Holt Drive, Acworth, GA 30101 ☐ Vice Chairman □ Director □ Director □President □ President □Vice President □Vice President _____ □Treasurer □Treasurer □ Secretary ☐ Secretary □Other _____ ☑Other _CFO _____ □Other Name: □ Chairman □Chairman □Vice Chairman Address: ______ □ Vice Chairman Address: □ Director □ Director □ President □ President □Vice President □ Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary □Other _____ □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 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. Robert Mark Cook

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

Control Number: 20038551

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

BOBBY TAYLOR PAINTING HOLDINGS, 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 : 21795531 Date Inc/Auth/Filed: 03/16/2020 Jurisdiction : Georgia Print Date : 08/23/2021

Form Number : 211



Brad Rafferages &

Brad Raffensperger Secretary of State