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SECRETARY OF STATE TALL AHASSEE, FLORIDA

FILED

COVER LETTER

Di	vision of Corporations					
SHB IEC	T: Construction Education Foundation o	f Georgia, Inc.				
SOBJEC	Name of Corpo	oration – must inc	lude suffix			
Dear Sir or	· Madam:					
Affairs in I	ed "Application by Foreign Not for P Florida", "Certificate of Existence", o above referenced not for profit corpo	r "Certificate of :	Status'' and ch	eck are submitted to		
Please retu	rn all correspondence concerning this	matter to the fol	llowing:			
	Julie Cross					
	Nar	ne of Person				
	Sparks Law, LLC					
	Fir	m/Company				
	6165 Sarah Orr Lane					
		Address				
	Cumming, Georgia 30040					
	City/Sta	ite and Zip Code				
	jeross@sparkslawpractice.com					
	E-mail address: (to be used	for future annual	report notifies	ntion)		
For further	information concerning this matter, p	olease call:				
Julie Cross	;	470	268.5234			
	Name of Person	Area Code	Daytime Tel	ephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division The Ce 2415 N	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	s a check for the following amount: check payable to: FLORIDA DEPART Filing Fee & Certificate of State	□\$78,75 Fi		□\$87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Construction	Education Foundation of Georgia	a, Inc.		
(Name of corpo	ration: must include the word "If age as will clearly indicate that it resent. "Company" or "Co." may	NCORPORATED" or "CORPO	ORATION" or words or atural person or partner fix by a nonprofit corpo	abbreviations of like ship if not so contained oration.)
(If name unava	ailable in Florida, enter alternate	corporate name adopted for the	e purpose of transacting	business in Florida)
Georgia	ntry under the law of which it is	3. 58-2062862		
(State or cou				
July 12, 1993		5		
	Date of Incorporation)	(Dat	te of duration, if other ti	nan perpetual)
	ucted affairs in Florida if prior to r			
(Date first cond	ucted affairs in Florida if prior to r	registration. See sections 617,150	71 & 617.1502, F.S. to a	letermine penalty liability.)
25 N. Market	Street, Suite 125, Jacksonville, Fl	lorida 32202		
		(Principal office street addres	is)	
			-,	
1940 The Exch	ange SE, Suite 200, Atlanta, GA	30339		
	(C	urrent mailing address, if diffe	rent)	
Any legal purp	onse			
(Pumose(s) of	corporation authorized in home s	tate or country to be carried or	t in the state of Florida	<u> </u>
(Turpose(s) or		ance of commity to be emitted on	ar in the state of Frontia	,
Name and str	eet address of Florida register	red agent: (P.O. Box <u>NOT</u> a	eceptable)	2022 SEI TALL
Name:	InCorp Services, Inc.			FILED 2022 FEB - 1 AM 9: SECRLTANY OF SIATION
ffice Address:	17888 67th Court North			— RANSER — — — — — — — — — — — — — — — — — — —
	17888 67th Court North Loxahatchee , Florida 33470 (City) (Zip Code)		Fried -	
	(Čitv)		(Zip Code)	— <u>-</u>
	•		, , ,	و کی
0. Registered	l agent's acceptance:			
aving been na	imed as registered agent and	to accept service of process	for the above stated	corporation at the place
signated in th	is application, I hereby accep	of the appointment as regist	ered agent and agree	to act in this capacity. I
rmer agree w d I am famili	comply with the provisions of ar with and accept the obliga	of an statutes retauve to the ctions of my position as revi	proper ana compiete stered avent.	perjormance of my aunes,
,) .		
	tank (1)	/// · · · ·		
	Jackide	MOQUO) Jacki	ie DeFilippis on be	half of InCorp Services,
	// /-	(Registered agent's signature	<u> </u>	
(J	crecistered agents signature	.,	

11. 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.

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

A. DIRECTOR	S						
□Chairman	Name: David Tzimenatos	□Chairman	Name: Scott Shelar				
□Vice Chairman	Address: 1940 The Exchange, SE	□Vice Chairman	Address: 1940 The Exchange, SE				
□Director	Suite 200	□Director	Suite 200				
□President	Atlanta, Georgia 30339	□President	Atlanta, Georgia 30339				
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
Other:	☐ Other:	CEO ■Other:	□Other:				
□Chairman	Scott Shelar	□ Chairman	Tina Robison Name:				
Uvice Chairman	1940 The Exchange, SE Address:	□Vice Chairman	1940 The Exchange, SE				
Director	Suite 200	Director	Suite 200				
□President	Atlanta, Georgia 30339	□President	Atlanta, Georgia 30339				
□Vice President		■Vice President					
Secretary	☐Treasurer	☐ Secretary	☐Treasurer				
■Other: CFO	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:				
NOTE: 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 Chairman, Vice Chairman, or any officer listed in number 12 of the application) Tina Robison, Vice President							
(Typed or printed name and capacity of person signing application)							

Control Number: K315958

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

CONSTRUCTION EDUCATION FOUNDATION OF GEORGIA, INC.

a Domestic Nonprofit 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 : 22428195
Date Inc/Auth/Filed: 07/12/1993
Jurisdiction : Georgia
Print Date : 01/31/2022

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State