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TALL AHASSET TOURIN

COVER LETTER

	_	tration Section					
INDUSTRIAL HOLDINGS INC							
Name of corporation - must include suffix							
Dear Sir	or M	adam:					
"Certific	ate of	Existence," (of Good St	anding	and check are subi	et Business in Florida," mitted to register the
Please ro	eturn a	all correspond	ence concernin	ig this mat	ter to th	ie following:	
PAIGE A	\. BUI	RNETT					
				Name	of Perso	on	
INDUST	RIAL	HOLDINGS, I	NC.				
				Firm/Co	ompany	,	
835-B A	NAST	ASIA BLVD.					
		<u></u>		Ad	dress	<u>-</u> .	
ST. AUC	iusti	NE, FL 32080					
				City/State	and Z	ip code	
INDHOL	.D@B	ELLSOUTH.N	ET				
		F	E-mail address:	(to be use	d for fu	ture annual report n	otification)
For furth	her int	formation con-	cerning this ma	itter, pleas	e call:		
PAIGE E	BURN	ETT	,	678 at (, 4	09-9357	
	Name	e of Person		Area C	ode	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ake ch	eck payable to:	following amor FLORIDA DE \$78.75 Filing Certificate o	PARTME: g Fee &	□ \$78	STATE 8.75 Filing Fee & rtified 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.

RPORATED,"	"COMPANY," "CORPORATION,"			
rporate name a	lopted for the purpose of transacting business in Flo	orida)		
3	3 58-2411295			
	(FEI number, if applicable)			
5.				
	(Date of duration, if other than perpetual)			
1501 & 607.150				
(Principal offic	e stregt address)			
FL 39	0 80			
Current mailing	address, if different)	3 3 7		
l agent: (P.O.	Box NOT acceptable)	AY-6 AH		
	— ———————————————————————————————————	H 7: 29		
	Florida 32080	9		
	(Zip code)			
	rporate name according to the distinct section of the section of t	(Date of duration, if other than perpetual) ted business in Florida, if prior to registration) 1501 & 607.1502, F.S., to determine penalty liability) FL 3000 (Principal office street address) FL 300 Current mailing address, if different) I agent: (P.O. Box NOT acceptable)		

9. Registered agent's acceptance:

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.

A. DIRECTORS	•			
□Chairman	PAIGE A. BURNETT Name:	□Chairman	Name: HOWARD W. ALLGOOD Address: 33 COMARES AVE, UNIT 101	
□Vice Chairman	Address: 138 SPARTINA AVE.	□Vice Chairman		
□Director	ST. AUGUSTINE, FL 32080	Director	ST. AUGUSTINE, FL 32080	
□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	Other	
□Chairman	Name:	□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
Director		□ Director		
□President		□President		
		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□Other		Other		
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	ment of State Annual Re		

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.

Control Number: K820415

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

Chryipicate of existence

i, Brad Raffensporger, the Scorctary of State of the State of Georgia, do hereby certify under the seal of my office that

industių alenoldings, inc

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 : 23199903 Date Inc/Autiv/Filed: 05/26/1998 Jurksdiction : Georgia Print Date : 05/18/2022

Form Number : 211

Bred Rafforspage

Brad Raffensperger Secretary of State