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(((H22000287525 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : 120110800069 Phone : (954)567-0013 Fax Number : (954)567-3401

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Email Address: kathy@apiprocessing.com

# FOREIGN PROFIT/NONPROFIT CORPORATION

Lost Creek Construction, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70,00

S. FRANKLIN

AUG 2 6 2022

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### 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.	Lost Creek Construction, Inc.							
(Enter name of c	corporation; must include "INCORPO! corp," "Inc," "Co," or "Corp.")	RATED," "COI	MPANY," "CORPORATION,"					
(If name unavail	lable in Florida, enter alternate corpora	ate name adopted	l for the purpose of transacting busin	ness in Florida)				
2. Georgia		3 47-1664958						
Georgia  (State or country under the law of which it is incorporated)  3		orated)	(FEI number, if applicable)					
		<b>5</b> .	Perpetual	Perpetual				
(Date of incorporation)		<u> </u>	(Date of duration, if other than perpetual)					
6.								
· <u> </u>	(Date first transacted b (SEE SECTIONS 607.1501	usiness in Florid & 607.1502, F.S	a, if prior to registration) to determine penalty liability)	• ••				
7. <u></u> .	100 West Main Street, Hahira, GA 31632							
·	(Prin	cipal office stre	et address)					
	100 West Main	Street, Hahira,	GA 31632	2[				
	(Ситс	ent tuailing addre	ess, if dillerent)	22 i				
8 Name and stre	<u>et address</u> of Florida registered age	ent: (P.O. Box	NOT acceptable)	. ; 2				
Name:	API Processing - Licensing, Inc.	·		5 <u>P</u>				
Office Address:	3419 Galt Ocean Drive			=-				
Office Address.	Fort Lauderdale		33308	P); 4: 02				
	(City)	<del></del> •	Florida (Zip code)					
	(0,)		\" <b>(</b>					
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept the complication, I hereby accept the comply with the provisions of all structures and accept the obligations of	appointment a: tatutes relative	registered agent and agree to a to the proper and complete perj	ect in this capacity. I				
-			*)					
10. Attached is a	certificate of existence duly author	nticated, not m	ore 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.

<sup>11.</sup> 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: Stacey Holloway	□Ciaimen	Name:				
□Vice Chairman	Andress: 100 West Main Street	□Vice Chairman	Address:		<del></del>		
Director	Hahire, GA 31632	□ Director		···			
<b>■</b> President		President			···		
□Vice President		©Vice President	120020000000000000000000000000000000000	<del></del>			
□Secretary	· Treasurer			O'Ircasurer			
C3Other		□Other		E30ther	· • · · · · · · · · · · · · · · · · ·		
□Chairmar:	Name: 100 West-Maln Street	CVice Chairman					
☐Vice Chairnson		77 A LCG CHRILLMUL	Augiess;				
Director	Hahira, GA 31632	LiDirector					
ClPresident		©Pr⇔idect	a.a a				
☐ Vice President	and the second s	□.Vice President					
f3 Secretary	<u> </u>	□Secretary		Treasurer	26		
□Other	□(her	COther		□Olher	2022 s		
,					. ;		
Chairman'	Name:	□ Chairmen	Name:		25		
□Vice Chairman	Address:	-□Vice Chairman	Address:		<u></u>		
[]Director	· ', ·	□Director		•	<del>.</del> .		
□ President		□President			)2		
□Vice President		∐Vice President					
□Secretury		LiScoreary		[]Treasurer			
O(per	□Other	□Other		i]Othar			
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 be index when filling your Florida Department of State Annual Report form:  12. Signature of Director on 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, P.S.  Stacey Hollowey, President							

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

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Control Number: 14038783

# 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

Lost Creck Construction, 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 tiling 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 printa-facie evidence that said entity is in existence or is authorized to transact business in this state.

 Docket Number
 : 23659301

 Date Inc/Auth/Filed:
 04/18/2014

 Jurisdiction
 : Georgic

 Print Date
 : 08/24/2022

 Form Number
 : 211

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Brad Raffensperger Secretary of State

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