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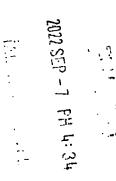
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJECT:		TIM KILLIAN C	TIM KILLIAN CONSTRUCTION, INC		
		Name of corporation	on - must include suffix		
Dear S	ir or Madam:				
"Certi	ficate of Existence	on by Foreign Corporation for " or "Certificate of Good State corporation to transact busing	inding" and check are subm	Business in Florida," itted to register the	
Please	return all correspo	ondence concerning this matt	er to the following:		
		KILLIAN, TIMO	THY LEE JR		
		Name o	of Person		
		TIM KILLIAN CON	STRUCTION, INC		
		Firm/Co			
	<u></u>	3148 RESE	RVE COURT		
		Add	dress		
			HILLS, AL 35243		
		·	and Zip code		
		lee@killia	an.construction d for future annual report no	vification)	
				, ,	
For fu	irther information (concerning this matter, pleas	e call:		
	CAL THACTIN) 657-0748		
KILL	IAN, TIMOTHY Name of Person			one Number	
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section		Registration Section Division of Corporations			
Division of Corporations The Centre of Tallahassee		P.O. Box 6327			
		Street, Suite 810	Tallahassee, Fl		
Please	osed is a check for make check payable 0.00 Filing Fee	the following amount: e to: FLORIDA DEPARTME S78.75 Filing Fee &	NT OF STATE ☐ \$78.75 Filing Fee &	□ \$87.50 Filing Fee,	
7 لب نــ	4.44	Certificate of Status	Certified Copy	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.

	NSTRUCTION, INC able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting	business in Florida)		
2. ALABAMA		63-0971166	,		
(State or country under the law of which it is incorporated		(FEI number, if applicable)			
4. 02/08/1988		5. N/A			
(Date	of incorporation)	(Date of duration, if other th	an perpetual)		
6					
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability	<i>(</i>)		
-	·		,		
7. 13987 HWY 69 SOUTH. TUSCALOOSA, AL 35405 (Principal office street address)					
	P.O. BOX 21071. T	USCALOOSA, AL 35402	S. S.		
· · · · ·	(Current mail	ing address, if different)	7		
			: <u></u>		
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PH		
Name:	Registered Agents Inc.		PH 4: 34		
Office Address:	7901 4th St N, STE 300		i i		
	St. Petersburg	, Florida 33702			
	(City)	(Zip code)			

(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.

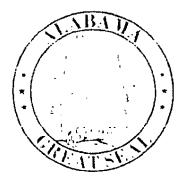
A. DIRECTORS						
□Chairman	Name: KILLIAN, TIMOTHY LEE SR	□Chairman	Name: KILLIAN, TIMOTHY LEE JR			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	7399 COUNTRY ROAD 21	□ Director	3148 RESERVE COURT.			
☑President	AKRON, AL 35441	□President	VESTAVIA HILLS, AL 35243			
□Vice President						
☐ 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:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary	☐Treasurer			
□Other	□()ther	□Other	Other			
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	eport form.			
12.		Officer				
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.\$17.155, F.S.						
Timothy Lee Killian, Jr.						
(Typed or printed name and capacity of person signing application)						

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Tim Killian Construction, Inc. was formed in Tuscaloosa County, Alabama on February 8, 1988. The Alabama Entity Identification number for this entity is 000-122123. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220825000012366

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/25/2022

Date

X 24. Merill

John H. Merrill

Secretary of State