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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@ACTIVATEMYLICENSE.COM

# FOREIGN PROFIT/NONPROFIT CORPORATION PAT MURPHY ELECTRIC, INC.

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Fax: (850) 617-6383

Page: 3 of 6

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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: PAT MURPHY ELECTR	IC, INC.		
		must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Standi	ng" and check are submitted to register	
Please return all correspondence concerni	ing this matter to	o the following:	
ROMAN ALBANO			
	Name of Pe	rson	·
CONTRACTORS' REPORTING SER	VICE, INC.		•
	Firm/Compa	iny	
2513 SR 54 PMB 336			
2010 011 011 112 000	Address	`	
11177 P1 22540			
LUT2, FL 33549	City/State and	Zin code	
DIEGO ACTULATEMBILICENCE CC	•	121, 0000	•
INFO@ACTIVATEMYLICENSE.CC		future annual report notification)	
i,-man addres.	. (to be used to	Takire diman report nouried	
For further information concerning this n	natter, please cal	l:	
ROMAN ALBANO	at (_813	932-5244	_
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRES	8:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations The Centre of Tallahassee		Division of Corporations P.O. Box 6327	
	1	Tallahassee, FL 32314	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	,	rammassec, pp. 52514	

under the law of which it is incorporated.

Fax: (850) 617-6383

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03/15/2023 9:12 AM (F145UUUU96495 5)

# 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.

(finer name of corporation: must include "INCORPORATED." "COMPANY." "CORPORATION."  "Inc.," "Co.," "Corp." "Inc," "Co.," or "Corp."  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  36 NW BOUNDARY DR PORT ST LUCIE, FL 34986  (Principal office Mreet address)  1870 MONTREAL RD TUCKER, GA 30084  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: GUY T ROBERTS  Office Address: 36 NW BOUNDARY DR  PORT ST LUCIE  (City)  (Ci		Y ELECTRIC, INC.	TINE TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Pate of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Pincipal office Mreet address)  (Current mailing address, if different)  (			ED. "COMPANY, "CORPORATION.	
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  9/21/2000  (Date of incorporation)  (Date of duration, if other than perpetual)  UPON REGISTRATION  (Date lifest transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  36 NW BOUNDARY DR PORT ST LUCIE, FL 34986  (Principal office street address)  1870 MONTREAL RD TUCKER, GA 30084  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: GUY T ROBERTS  Office Address:  36 NW BOUNDARY DR  PORT ST LUCIE  (City)  Florida 34986  (City)  Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity, or there agree to comply with the provisions of all statutes relative to the proper and complete performance of my durand I am familiar with and accept the obligations of my position as registered agent.  CRUSSEREDS Signature)				
(State or country under the law of which it is incorporated)  9/21/2000  (Date of incorporation)  (Date of incorporation)  (Date irist transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  36 NW BOUNDARY DR PORT ST LUCIE, FL 34986  (Principal office street address)  1870 MONTREAL RD TUCKER, GA 30084  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: GUY T ROBERTS  Office Address:  36 NW BOUNDARY DR  PORT ST LUCIE  (City)  Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity, arriber agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent.  **Decessional by:  One december of the above stated corporation at the place and a my familiar with and accept the obligations of my position as registered agent.	(If name unavaila	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting bu	siness in Florida)
9/21/2000 (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date in incorporation) (Date of incorporation, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  36 NW BOUNDARY DR (Principal office street address)  1870 MONTREAL RD TUCKER, GA 30084 (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: GUY T ROBERTS  Office Address: 36 NW BOUNDARY DR  PORT ST LUCIE (City) (City) (Zip code)  Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. In the proper and complete performance of my dutional tam familiar with and accept the obligations of my position as registered agent.   Decosposed by:  CHUT ROBERTS  (RUSSIGNERAD Signature)				
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)  36 NW BOUNDARY DR PORT ST LUCIE, FL 34986  (Principal office street address)  1870 MONTREAL RD TUCKER, GA 30084  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: GUY T ROBERTS  Office Address: 36 NW BOUNDARY DR  PORT ST LUCIE  (City)  Registered agent's acceptance:  Idaving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Therefore agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutind I am familiar with and accept the obligations of my position as registered agent.  COUNTED  CONCUMPRED  CO	9/21/2000		5	
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Name: GUY T ROBERTS    Office Address:   36 NW BOUNDARY DR		(Current m	nailing address, if different)	
Name: GUY T ROBERTS    36 NW BOUNDARY DR   PORT ST LUCIE   Florida   34986   (Zip code)				₹*
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PORT ST LUCIE  (City)  (City)  (Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. For any comply with the provisions of all statutes relative to the proper and complete performance of my dutional lam familiar with and accept the obligations of my position as registered agent.  COUNTROBERTS  (Rugissiered agent's signature)	Name:	GUY T ROBERTS		• •
(City) (Zip code)  Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional transformation and accept the obligations of my position as registered agent.    Court objects   Cour	Office Address:	36 NW BOUNDARY DR		
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GUU T ROBERTS (Rugissered Agent's signature)	faving been nam esignated in this urther agree to c	ted as registered agent and to accept s application, I hereby accept the appo omply with the provisions of all statut	intment as registered agent and agree to tes relative to the proper and complete pe	act in this capacity.
GUU T ROBERTS (Rugissered Agent's signature)		Boou Sloped by:		
(प्रचर्ड्सङ्ख्युअgent's signature)		<b>(</b>	FRTC	
	_		4. 1.0	•
0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application t	O Attachadica	partitionto at axistanca duly authantica	ted not more than 90 days prior to delive	ery of this application t

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

			,
GUY ROBERTS	□Chairman	Name:	
5409 WATERPORT DRIVE	□Vice Chairman	Address:	
LOGANVILLE, GA 30052	□Director		
	□President		<u></u>
	□Vice President		
□Treasurer	☐ Secretary	[	∃Treasurer
Other	□Other		□Other
√ame:	□Chairman	Name:	
Address:	□Vice Chairman	Address:	
	□Director		
	□ President	<del></del>	
	□Vice President		
□Treasurer	☐ Secretary	£	]Treasurer
Other	□()ther		□Other <u>~                                    </u>
Name:	□Chairman	Name:	
Address:	□Vice Chairman	Address:	
	□Director		
	□President		
	□Vice President		
□Treasurer	□ Secretary	[	∃Treasurer
□Other	□Other		Other
	LOGANVILLE, GA 30052    Differ	Address:	Address:

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

Control Number: 0042283

## 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

#### PAT MURPHY ELECTRIC, 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 : 24760360 Date Inc/Auth/Filed: 09/21/2000 Jurisdiction : Georgia Print Date : 03/14/2023 Form Number : 211

Brad Raffonsperger

Brad Raffensperger Secretary of State