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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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S. FRANKLIN MAR 2 4 2023

COVER LETTER

| | stration Section ion of Corporations | | | |
|--|---|---|---------------------------|--|
| SUBJECT: | YES PLUMBING CO., IN | C. | | |
| SOBJECT. | Nam | e of corporation - i | nust include suffix | |
| Dear Sir or M | ladam; | | | |
| "Certificate o | "Application by Foreign 6 f Existence," or "Certificated foreign corporation to | te of Good Standi | ng" and check are submit | |
| Please return | all correspondence concer | ming this matter to | the following: | |
| Andrea Smith | | | | |
| | | Name of Pe | rson | |
| YES PLUMBI | NG CO., INC | | | |
| <u> </u> | 10-45 | Firm/Compa | ny | |
| 3490 Atlanta F | łwy | | | |
| | - . | Address | | , , , , , , , , , , , , , , , , , , , |
| Madison GA 3 | 0650 | | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and | Zip code | |
| andre.a.smith@ | Photmail.com | | | |
| | E-mail addre | ess: (to be used for | future annual report noti | fication) |
| For further in | formation concerning this | matter, please call | ; | ــُـــُــ |
| Andrea Smith | | 706 at (| 474-0530 | |
| Nam | e of Person | Area Code | Daytime Telephor | e Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassec, FL | ion orations | |
| | | DEPARTMENT O | | ☐ \$87.50 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.

| YES PLUMBING CO., INC. (Enter name of corporation; must include "I | INCORPORATED," "COMPANY," "CORPORATION | ON " | | |
|---|--|---|--|--|
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp |).") | JN, | | |
| | | | | |
| (If name unavailable in Florida enter altern | ate corporate name adopted for the purpose of transact | sing business in Fig. 21. | | |
| Georgia | 3. 14-1921714 | ing dusiness in Florida) | | |
| (State or country under the law of which it | is incorporated) (FEI number, if a | applicable) | | |
| 1/19/2005 | | | | |
| (Date of incorporation) | 5. (Date of duration, if othe | (Date of duration, if other than perpetual) | | |
| | | • • • | | |
| (Date first tr | ransacted business in Florida, if prior to registration) | | | |
| (SEE SECTIONS 3490 Atlanta Hwy Madison, GA, 30650, | 607.1501 & 607.1502, F.S., to determine penalty liab | ility) | | |
| 3420 Adama Tiwy Madison, GA, 30030, | (Deissina) - 65 marter 11 m | · | | |
| | (Principal office <u>street</u> address) | _ | | |
| | (Current mailing address, if different) | | | |
| | (Section managed and oss, it different) | • | | |
| . Name and street address of Florida regis | stered agent: (P.O. Box NOT acceptable) | 1 | | |
| Name: AShwil | eurs | _ | | |
| ffice Address: Will Mayte | X pr | · | | |
| MORKA (Cir | , Florida <u>37703</u> | | | |
| (Cit | (Zip code) | | | |
| Registered agent's acceptance: | and to a count account a country of | , , , | | |
| aving oven numed as registered agent at esignated in this application, I hereby ac | nd to accept service of process for the above statecept the appointment as registered agent and ag | ed corporation at the pla ree to act in this canacit | | |
| irther agree to comply with the provision | is of all statutes relative to the proper and compl | ete performance of my a | | |
| na 1 am jamular with and accept the obli | lgations of my position as registered agent. | | | |
| | | | | |
| $1 \wedge 1 / 1 / 1 \sim 1$ | | | | |

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 Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

| A. DIRECTORS | | | | | | | | |
|---|---|--|----------------------------------|---------------------------|--|--|--|--|
| □Chairman | Name: Andrea Smith | □ Chairman | Name: | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | | | | | | |
| □Director | 3490 Atlanta Hwy Madison GA 30650 | □Director | | | | | | |
| President | | □President | | | | | | |
| ■ Vice President | | □Vice President | | | | | | |
| Secretary | □Treasurer | ☐ Secretary | | □Treasurer | | | | |
| □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 | | | | |
| | | | | • • | | | | |
| | Name: | Chairman | Name: | | | | | |
| □ Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| Director | | □Director | | ٠,5 | | | | |
| □President | | □President | | <u> </u> | | | | |
| □Vice President | | ☐ Vice President | | <u>_</u> | | | | |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer | | | | |
| □Other | | □Other | . | Other | | | | |
| individuals may be | Jse an attachment to report more than six (6). The attace added to the index when filing your Floridal Department | chment will be imaged nt of State Annual Re | I for reporting pu port form. | irposes only. Non-indexed | | | | |
| 12. 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.817.155, F.S. Andrea Smith | | | | | | | | |

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

Control Number: 0506302

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

1. **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

YES PLUMBING CO., 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 : 24626916 Date Inc/Auth/Filed : 01/19/2005 Jurisdiction : Georgia Print Date : 03/01/2023

Form Number : 211



Brad Rafforspage

Brad Raffensperger