F2300004310

	aurakada Nama	
(Ke	questor's Name)	
(Ad	dress)	
	_	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
·	•	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
W23-8	5582	
0000	<u> </u>	

Office Use Only



700408009417

SECRETARY OF STATE

APPROVED AND FILED

©:rnup;•A



June 19, 2023

SONIA BECERRA 3 GREENWAY PLAZA, #1320 HOUSTON, TX 77046

SUBJECT: GA CONSTRUCTION SERVICES CORP.

Ref. Number: W23000085583

We have received your document for GA CONSTRUCTION SERVICES CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

RECEIVED
JUL 1 9 2023

Letter Number: 323A00013840

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: GA Construction Ser	vices Corp.			
50130		Name of corporat	ion - mus	t include suffix	
Dear S	ir or Madam:				
"Certif	nelosed "Application by For ficate of Existence," or "Cer referenced foreign corporat	rtificate of Good S	standing"	and check are sub	
Please	return all correspondence c	oncerning this ma	tter to the	following:	
Sonia I	Becerra				
		Name	of Person		······································
Swyft I	Filings				
		Firm/C	Company		
3 Green	nway Plaza #1320				
		Ac	idress		
Housto	n. TX 77046				
		City/Stat	e and Zip	code	
filings@	@swyftfilings.com				
	E-mail	address: (to be use	ed for futt	ire annual report i	notification)
For fur	ther information concerning	g this matter, pleas	se call:		
Sonia I	at ()				
	Name of Person	Area C	ode	Daytime Telep	hone 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		
Please i	ed is a check for the following the check payable to: FLOR .00 Filing Fee	ing amount: IIDA DEPARTME 75 Filing Fee &		TATE 75 Filing Fee &	S87.50 Filing Fee,
	<u>*</u>	ificate of Status		fied 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.

(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
	able in Florida, enter alternate corporate name :		business in Florida)
Oregon	y under the law of which it is incorporated)	3. <u>85-3276338</u> (FEI number, if applicable)	
	y under the law of which it is incorporated)	(FEI number, if appli	icaole j
09-28-2020	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other tha	in perpetual)
02/01			
		Florida, if prior to registration)	١
2 1 Lunu Dallu I	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)
34 Luna Bella l	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168	602, F.S., to determine penalty liability)
34 Luna Bella l	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168)
134 Luna Bella I	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168 (Principal offi	602, F.S., to determine penalty liability ce <u>street</u> address)	
434 Luna Bella l	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168 (Principal offi	602, F.S., to determine penalty liability	
	(SEE SECTIONS 607.1501 & 607.15 anc Unit 400, New Smyrn Beach, FL 32168 (Principal offi (Current mailin	s02, F.S., to determine penalty liability ce street address) og address, if different)	
Name and stre	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168 (Principal offi (Current mailin	s02, F.S., to determine penalty liability ce street address) og address, if different)	SECRETARY FALLAHASSE
	(SEE SECTIONS 607.1501 & 607.15 anc Unit 400, New Smyrn Beach, FL 32168 (Principal offi (Current mailin	s02, F.S., to determine penalty liability ce street address) og address, if different)	SECRETARY 1411 ATMISSE
Name and stre Name:	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168 (Principal offi (Current mailin	s02, F.S., to determine penalty liability ce street address) og address, if different)	SECRETARY 1411 ATMISSE
Name and stre	(SEE SECTIONS 607.1501 & 607.15 ane Unit 400, New Smyrn Beach, FL 32168 (Principal offi (Current mailing et address of Florida registered agent: (P.C.) Gene Archibek	s02, F.S., to determine penalty liability ce street address) og address, if different)	

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
□Chairman	Gene Archibek Name:	⊡Chairman	Name:			
□Vice Chairman	Address: 434 Luna Bella Lane Unit 400	□Vice Chairman	Address:			
Director	New Smyrn Beach, FL 32168	Director				
President		□President				
■Vice President		□ Vice President				
■ Secretary	■ Treasurer	□Secretary	□Treasurer			
Other	□Other	□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
☐(hai nn an	Name:	□Chairman	Name:			
□Vice Chairman	Address:		Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□ Treasurer	□Secretary	□Treasurer			
Other	□Other	□Other	□Other			
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 the index when filing your Florida Department of State Annual Report form. 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.						

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 1087873

I, SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

GA CONSTRUCTION SERVICES CORP.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

OF OPEGON 1859 In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 4/12/2023



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.