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T. LEMIEUX JAN 23 2024

COVER LETTER

TO: Registration Section Division of Corporations	3		
SUBJECT: Wallace Electric Co	mpany		
SOBJECT.	Name of corporation	ı - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corporations."	ertificate of Good Star	nding" and check are subn	
Please return all correspondence	concerning this matter	r to the following:	
Gary Shannon Whitener			
114.1	Name of	Person	
Wallace Electric Company			
	Firm/Con	npany	
163 Ernest Biles Drive, Suite D			
	Addr	ess	
Jackson GA 30233			
	City/State a	and Zip code	
angela@wallaceelectric.com			
E-mai	l address; (to be used	for future annual report no	otification)
For further information concerni	ng this matter, please of	call:	
Angela Zygler	678 at (432-7210	
Name of Person	Area Cod	le Daytime Teleph	one Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	s ge	MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations
_	RIDA DEPARTMENT	F OF STATE ☐ \$78.75 Filing Fee & Certified Copy	\$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.

(Enter 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 Florial (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Et I number. if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) PO Box 888 - Jackson GA 30233 (Current mailing address, if different)	
Georgia (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 163 Ernest Biles Drive, Suite D - Jackson GA 30233 (Principal office street address) PO Box 888 - Jackson GA 30233	
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (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) (Principal office street address) PO Box 888 - Jackson GA 30233	ida)
(State or country under the law of which it is incorporated) 6/29/1959 5. (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) 163 Ernest Biles Drive, Suite D - Jackson GA 30233 (Principal office street address) PO Box 888 - Jackson GA 30233	
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(Principal office <u>street</u> address) PO Box 888 - Jackson GA 30233	
(Principal office <u>street</u> address) PO Box 888 - Jackson GA 30233	
(Current mailing addrage if different)	
Content manning address, in directory	
. Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)	<u> </u>
Name: Northwest Registered Agent LLC	명). 그:
7901 4th St N STE 300 PEST	7
	5 T
(City) (Zip code)	₹ □
Registered agent's acceptance: コステー	.EU
laving been named as registered agent and to accept service of process for the above stated corporation at t	the place
esignated in this application. I hereby accept the appointment as registered agent and agree to act in this co	сарасиу.
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of Ind I am familiar with and accept the obligations of my position as registered agent.	ny my uui
Tope Name	
(Registered agent's signature)	

under the law of which it is incorporated.

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

A. DIRECTORS Gary Shannon Whitener Paul Harris □Chairman Name: □Chairman Name: 136 Riverside Dr 163 Ernest Biles Drive ☐ Vice Chairman Address: _____ Address: ☐ Vice Chairman Jackson GA 30233 Suite D □ Director □Director Jackson GA 30233 □ President □President □ Vice President □Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary □Other □Other _____ □Other _____ Name: _____ Name: □Chairman □ Chairman 163 Ernest Biles Drive Address: Address: □Vice Chairman □ Vice Chairman Suite D □ Director □ Director Jackson GA 30233 □ President □ President □ Vice President ____ ☐ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other ______ □Other _____ □Chairman Chairman Name: _____ □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary □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. 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.

Control Number: A002245

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

WALLACE ELECTRIC COMPANY

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 : 26220872 Date Inc/Auth/Filed: 06/29/1959 Jurisdiction : Georgia : 12/12/2023 Print Date

Form Number : 211



Brad Raffangerger

Brad Raffensperger Secretary of State