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And the second second

COVER L	LETTER
TO: Registration Section	
Division of Corporations	
SUBJECT: McGraw, Inc	
Name of corporation	n - must include suffix
Dear Sir or Madain:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	Offine'' and chank one autoria to
Please return all correspondence concerning this matter	r to the following:
Joy McGraw	to the following.
Name of	Person
McGraw, Inc	
Firm/Com	Ipanv
98 Buford Dam Rd. #1423	
Addre	250
Cumming, GA 30040	
City/State ar	nd Zin code
mcgrawrealtor@gmail.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please or	
Joy McGraw 770	329-3793
Name of Person Area Code	Daytime Telephone 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
inclosed is a check for the following amount	
lease make check payable to: FLORIDA DEPARTMENT (OF STATE

□ \$70.00 Filing Fee \$ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

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.

rnate corporate name adopted	for the purpose of transactir	ng business in Florida)
Í	1215	
	(FEI number, if ap	•
	(Date of duration, if other	than perpetual)
!S 607.1501 & 607.1502, F.S.,	, if prior to registration) , to determine penalty liabili	ty)
	l address)	
(Current mailing addres	s, if different)	22
pistered agent: (P.O. Box 3	NOT accortable)	2024 JAN
	<u>301</u> acceptables	<u></u>
I-tona Blud.		5. A
/,// FL ity)	34606 (Zip code)	2: 30
and to accept service of pr	ocess for the above states	Corporation at the pl
accept the appointment as a ons of all statutes relative to	revistered agent and agra	e to act in this canach
	it is incorporated) 5. transacted business in Florida S 607.1501 & 607.1502. F.S. 30040 (Principal office streety) (Current mailing address) (Sistered agent: (P.O. Box) (All Floridary) introduction of prince of prince of the appointment as a poss of all statutes relative to	it is incorporated) S8-2151215 it is incorporated) (FEI number, if application of duration, if other transacted business in Florida, if prior to registration) (S 607.1501 & 607.1502, F.S., to determine penalty liability of the street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address of the above stated address) (Zip code) and to accept service of process for the above stated accept the appointment as registered agent and agreems of all statutes relative to the proper and complete the appointment as registered agent and agreems of all statutes relative to the proper and complete

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.

Chairman	Name: Joy McGraw	_ □Chairman Na	
JVice Chairman	(10 P 0		me:
□Director	Cumming, GA 30040		dress:
President			
☐Vice President			
		□ Vice Presidem	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other		Other	Other
□Chairman	Name:	∏ oı	
	Address:		e:
¬n:			ress:
□President		☐ Director	
717 6 4		□ President	
-		□ Vice President	
USecretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
Chairman }	Name:	5	
	Address:	□Chairman Name	
Director		⊔ Vice Chairman Addri	288:
Presidem		□ Director	
		□ President	
Secretary		□ Vice President	
ŕ	☐ Treasurer	□ Secretary	□Treasurer
Other	Other	Other	_ DOther

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

Signature of Director or Officer

Control Number: K504236

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

MCGRAW, 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 26772390
Date Inc/Auth/Filed: 01/26/1995
Jurisdiction Georgia
Print Date 02/26/2024
Form Number 211



Brad Raffensperger