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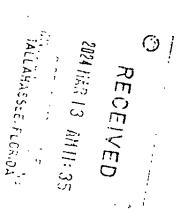
| (| Requestor's Name) | |
|---------------------------|-------------------------|-------|
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| (| Address) | |
| | | |
| (| City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (| Business Entity Name) | |
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| | Document Number) | |
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| Certified Copies | Certificates of Si | tatue |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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MAR 1 5 2024 K. Brumbley

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March 13, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: SOUTHERN WATERSHAPES INC.

Ref. Number: W24000041116

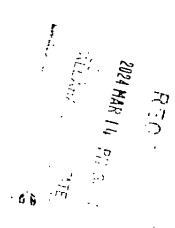
We have received your document for SOUTHERN WATERSHAPES INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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



Letter Number: 224A00005497

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:____

2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / (850) 491-9625

| Please use funds from this account: 120210000160: \$87.50 Authorization Signature: | | | | | | |
|---|--|--|--|--|--|--|
| | ocument# | | | | | |
| outhern Watershapes Inc (Certified Copy (Certificate of Status | | | | | | |
| NEW FILINGS | AMENDMENTS | | | | | |
| Profit Corp Not for Profit Limited Liability Domestication LLLP CORP Other | AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Authority | | | | | |
| APOSTILLE(s) & OTHER FILINGS | | | | | | |
| ApostilleXForeign FilingCountryReinstatementAnnual ReportQualificationFictitious Name | | | | | | |

COVER LETTER

| TO: | Regis Divis | stration Stration of Co | ection orporations | | | | |
|---|---------------------|-------------------------|---|-----------------------|-------------------|--|--|
| SUBJ | ECT: | Southern | n Watershapes inc | | | | |
| | | | Nan | nc of corpo | ration - | must include suffix | |
| Dear S | ir or M | ladam: | | | | | |
| Certifi | ICALE O | i existen | ation by Foreign ce," or "Certifica gn corporation to | ate of Good | l Stand | ing" and check are sul | act Business in Florida," bmitted to register the |
| Please | return : | all corres | pondence conce | rning this n | natter t | o the following: | |
| | pher Joi | | | J | | - ···· - ··· - ··· - · · · · · · · · · | |
| | | | | Nan | c of Pe | erson | |
| Souther | n Wate | rshapes In | ic | | | | |
| | | | | Firm | /Comp | anv | |
| 10520 \ | Woodtso | ck Rd | | | | | |
| | | | | | Address | <u> </u> | |
| Roswel | l Ga 300 | 75 | | | | | |
| | | · <u></u> | - | City/St | ate and | Zip code | |
| account | ing@so | uthernwai | ershapes.com | • | | • | |
| | | | E-mail addre | ss: (to be u | sed for | future annual report i | notification) |
| For furt | ther inf | ormation | concerning this | matter, ple | ase cal | l: | |
| Leah Ve | | | | 770 _ at (| , | 547-2815 | |
| | Name | of Perso | n | Area | Code | Daytime Telep | hone Number |
| | | | JRIER ADDRE | SS: | | MAILING A | DDRESS: |
| Registration Section Division of Corporations | | | | Registration Section | | | |
| The Centre of Tallahassee | | | Division of Corporations P.O. Box 6327 | | | | |
| 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | 10 | | Tallahassee, FL 32314 | | | |
| Enclose Please m | d is a c ake che | heck for ck navabl | the following ameter to: FLORIDA E | OUNT: | ሮ ሌ ም፣ ረጓ፣ | e culade | |
| □ \$70.0 | 0 Filin | g Fce | □ \$78.75 Fili | ng Fee & | | 78.75 Filing Fee & | 507 50 Elling En |
| | | - | Certificate | | | 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.

| "Inc.," "Co.," " | Corp," "Inc," "Co," or "Corp.") | ED," "COMPANY," "CORPORATION," | | | | |
|-------------------|--|--|----------------------------------|--|--|--|
| | | | | | | |
| (If name unava | ilable in Florida, enter alternate corporate na | ume adopted for the purpose of transacting hus | iness in Florida) | | | |
| Georgia | | | | | | |
| (State or count | try under the law of which it is incorporated | (FEI number, if applicate | ole) | | | |
| 4 | | | | | | |
| (Dat | e of incorporation) | 5(Date of duration, if other than p | erpetual) | | | |
| 6. Not yet | | | • | | | |
| | (Date first transacted business | ss in Florida, if prior to registration) | | | | |
| . 10520 Woodstoo | | 7.1502, F.S., to determine penalty liability) | | | | |
| 7 | k Rd Roswell Ga 30075 | | | | | |
| | (Frincipal | office street address) | | | | |
| | (Current mo | iling address, if different) | | | | |
| | (Curen na | ming address, it different) | 202 | | | |
| 8. Name and stre | et address of Florida registered agent: (1 | P.O. Roy, NOT acceptable) | 2024 HAR | | | |
| | Chris Jones | i.o. box <u>ivor</u> acceptable) | | | | |
| Name: | 1200 | | # ; = ; | | | |
| Office Address: | 1332 Waterwitch Cove Cir | | | | | |
| | Orlando | Florida 32806 (Zip code) | ä | | | |
| | (City) | (Zip code) | 5 6 | | | |
| Registered and | ent's acceptance: | (3-7-2-2) | _ | | | |
| Having been nam | eut's acceptance: led as registered agent and to accept set | rvice of process for the above stated corpo | | | | |
| confirment to the | wppiicumon, i nereby accept the appoin | limphi as registered agent and agree to a | me dan elistic minimum italia. P | | | |
| | unipiy waa are dedyesions at all statutes | t relative to the proper and a | ormance of my dutie | | | |
| ; | with and accept the obligations of my | position as registered agent. | | | | |
| | cho = A | | | | | |
| | Wroter our | | | | | |
| | · | | | | | |

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

under the law of which it is incorporated.

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

A. DIRECTORS Christopher Jones Chairman □ Chairman Name: 10520 Woodstock Rd ■ Vice Chairman Address: □ Vice Chairman Address: Roswell Ga 30075 Director Director ■ President □ President ■Vice President ☐Vice President **■**Secretary ☐Treasurer ☐ Secretary ☐Treasurer Other ___ Other ____ ☐ Other □Other _____ Chairman Name: □ Chairman Name: □Vice Chaiπnan Address: ☐ Vice Chairman Address: Director □ Director President □ President □Vice President _____ □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _ □ 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 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.

13. Christopher Jones

Control Number: 07029000

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

SOUTHERN WATERSHAPES, 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 26915382 Date Inc/Auth/Filed 03/20/2007 Jurisdiction : Georgia Print Date : 03/14/2024

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State