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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|--|--|
| | | | |



FOREIGN PROFIT/NONPROFIT CORPORATION WILLIAMS ELECTRIC SERVICE & SIGNS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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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 | erporation: must include "INCORPORATED." orp.," "Inc.," "Co.," or "Corp.") | | ; ··· |
|--|---|--|--|
| Alf remainment | able in Florida, enter alternate corporate name ad | tental for the purpose of transacting | Aboringer in Elseido |
| GA | | | |
| | y under the law of which it is incorporated) | | |
| | of incorporation) 5 | (Date of duration, if other than perpetual) | |
| | (SEE SECTIONS 607.1501 & 607.150. N STE 300 St. Petersburg, FL 33702 (Principal office N STE 300 St. Petersburg, FL 33702 | | |
| | | address, if different) | |
| Name: | Registered Agents Inc | nox inor acceptance) | 2 02 |
| fice Address: | 7901 4TH ST N STE 300 | | 11 SEP 19 |
| | ST. PETERSBURG | Florida 33702 | |
| | (City) | Florida 33702 (Zip code) | |
| aving been nam signated in this other agree to c | ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela with and accept the obligations of my posit | nt as registered agent and agre- ative to the proper and complete | corporation of the place e to act in this capacity. |
| | (Registered agent's) igr | oberts | - |

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.

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| A. DIRECTORS | | | | | | | |
|---|--|-------------------------|--------------------------|--|--|--|--|
| □Chairman | Name: Williams, Bretley | □ Chairman | Name: Williams, Angie | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| ■Director | 7901 4th St N STE 300 | ■ Director | 7901 4th St N STE 300 | | | | |
| ■President | St. Petersburg, FL 33702 | □ President | St. Petersburg, FL 33702 | | | | |
| □Vice President | | □ Vice President | | | | | |
| □ Secretary | ☐ Treasurer | Secretary | ■ Treasurer | | | | |
| □Other | Other | □Other | Other | | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | | | | |
| □Director | | f Director | | | | | |
| □President | | □ President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □ Secretary | ☐ Treasurer | □ Secretary | □Treasurer | | | | |
| □Othei | Other | □Other | □Other | | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| ∐Vice Chairman | Address: | LIVice Chairman | Address: | | | | |
| Director | | Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □ Vice President | | | | | |
| □ Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| Other | □ Other | □Other | Other | | | | |
| individuals may be | Jse an attachment to report more than six (6). The at added to the index when filing your Florida Departs Ley Williams Signature of Director | nent of State Annual Re | port form. | | | | |
| y Signature of Director of 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 fellow as provided for in | | | | | | | |

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: K004022

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

WILLIAMS ELECTRIC SERVICE & SIGNS, 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 : 28120534 Date Inc/Auth/Filed: 03/01/1990 Jurisdiction : Georgia Print Date : 09/16/2024

Form Number : 211



Bred Raffangerge

Brad Raffensperger Secretary of State