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APPROVED

OCT 3.0 2024 K. Brumbles

COVER LETTER

~	ration Section on of Corporations			
SUBJECT	Sidney Lee Welding Suppl	y, Inc.		
SOBJECT.	Name	e of corporation	- must include suffix	
Dear Sir or Ma	ıdam:			
"Certificate of	Application by Foreign C Existence," or "Certifica ed foreign corporation to	te of Good Stand	ding" and check are subm	
Please return a	Il correspondence concer	ning this matter	to the following:	
Laura Dawson				
		Name of I	Person	<u> </u>
Sidney Lee We	lding Supply Inc			
		Firm/Com	pany	
2247 Hwy 41 /	PO Box 429			
		Addre	SS	
Hampton GA 3	0228			
		City/State ar	id Zip code	
Laura.Dawson@	sidneylee.com			
	E-mail addre	ss: (to be used f	or future annual report no	tification)
For further info	ormation concerning this	matter, please ca	nll:	
Laura Dawson		770 at (946-4287	
Name	of Person	Area Code	Daytime Telepho	one Number
Regist Division The Co 2415 N	ET/COURIER ADDRE ration Section on of Corporations entre of Tallahassee E. Monroe Street, Suite 8 assee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	DRESS: etion porations
	heck for the following an ick payable to: FLORIDA I ng Fee	DEPARTMENT ing Fee &	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.

·	ding Supply, Inc.			
	orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D.	"COMPANY," "CORPORATION,"	
Sidney Lee Com	pany, Inc.			
(If name unavaila	ble in Florida, enter alternate corporate nar	ne a	adopted for the purpose of transacting b	ousiness in Florida)
Georgia		3	3 58-1438002	
	under the law of which it is incorporated)	٠.	(FEI number, if applicable)	
5/29/1981		5	Perpetual	
	of incorporation)	٠.	(Date of duration, if other than perpetual)	
n/a				
PO Box 429, Han	•	offi	ce <u>street</u> address)	
·	(Principal o		ce <u>strect</u> address) g address, if different)	
PO Box 429, Han	(Principal o	ilin	g address, if different)	
PO Box 429, Han	(Principal of parton, GA 30228) (Current ma	ilin	g address, if different)	2024 OC
PO Box 429, Han 3. Name and stree	(Principal of Principal of Current ma	ilin	g address, if different)	2074 OCT 31
PO Box 429, Han 3. Name and stree Name:	(Principal of A 30228) (Current material of Florida registered agent: (Stephen Lee	ilin	g address, if different)	2024 OCT 31 AM SECRETARY OF

9. Registered agent's acceptance:

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.

A. DIRECTORS	·		
□Chairman	Name: Anthony Zane Lee	□Chairman	Name: Stephen P Lee
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Molena GA 30258	□Director	Molena GA 30258
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	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	Other
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual Re	eport form.
	Signature of Director	or Officer	
she is aware that fa	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms th	at the facts stated herein are true and that he o.
13	Anthony Zave Lee (Typed or printed name and capacity of pers	 	
	(Typed or printed name and capacity of pers	son signing application)

Control Number: J106158

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

SIDNEY LEE WELDING SUPPLY, 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 : 28190217
Date Inc/Auth/Filed : 05/29/1981
Jurisdiction : Georgia
Print Date : 10/29/2024

Form Number : 211



Brad Rafforspager

Brad Raffensperger Secretary of State