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(Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: ___\$_87.50 Authorization Signature: SOUTHEAST ACCESS TECHNOLOGIES, INC. __ Wałk in Will wait __X__ Certified Copies of the Articles of Organization X Certificate of Status NEW FILINGS AMENDMENTS ____ Profit ____ Amendment Not for Profit ____Resignation of R.A. LLC Change of Registered Agent ____Dissolution/Withdrawal Domestication ____ Conversion INC _Statement of FACT CORP **OTHER** Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS _X__ Foreign Filing Annual Report ____ Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority ____Domestication of a Foreign Corp. ___ APOSTIL ____COUNTRY Other

EXAMINER'S INITIALS:

COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	SOUTHEAST ACCESS TEC	CHNOLOGIES, I	NC.			
Name of corporation - must include suffix						
Dear Sir or M	adam:					
*Certificate o	"Application by Foreign Co f Existence." or "Certificate ced foreign corporation to to	of Good Stand	authorization to Transact Busing" and check are submitteds in Florida.	iness in Florida," I to register the		
Please return	all correspondence concerni	ng this matter t	to the following:			
A. KEL LONG	G, 101					
		Name of P	erson			
A. KEL LONG	G, III P.C.					
		Firm/Comp	nany	· · · · · · · · · · · · · · · · · · ·		
3290 NORTH	SIDE PARKWAY NW, SUIT	E 925				
		Addres	SS	-		
ATLANTA, C	IA 30327					
	<u> </u>	City/State an	d Zip code	· · · · · · · · · · · · · · · · · · ·		
OFFICE@AK	ELLONG.COM	* · · · · · · · · · · · · · · · · · · ·	- 1			
		s: (to be used fo	or future annual report notific	cation)		
For further in	formation concerning this n	natter, please ca	all:			
A. KEL LON	G, III	404 at (238-0174			
Nair	ne 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				
Enclosed is a Please make c ☐ \$70.00 Fi	t check for the following am heck payable to: FLORIDA D ling Fee	EPARTMENT ng Fee &	OF STATE 1 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

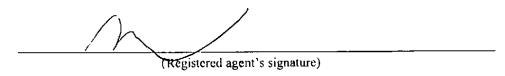
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

SOUTHEAST A	CCESS TECHNOLOGIES, INC.				
(Enter name of co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED," "C	OMPANY." "CORPORATIO	, N.,"	
(If name unavaila	ble in Florida, enter alternate corporate n	ame ado	oted for the purpose of transacti	ing business in Flo	orida)
GEORGIA		3			
(State or country under the law of which it is incorporate			(FEI number, if applicable)		
08/07/2012		5			
(Date of incorporation)			(Date of duration, if other than perpetual)		
	<u>-</u>				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6		orida, if prior to registration) F.S., to determine penalty liabi	ility)	
259 SAND CLIFT	FS DRIVE, INLET BEACH, FL 32461	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 p-11.	,	
·		ıl office <u>s</u>	treet address)		
- ··-	(Current i	nailing a	ddress, if different)		
. Name and stree	et address of Florida registered agent:	(P.O. B	ox <u>NOT</u> acceptable)	2024 NOV 25	
Name:	WILLIAM H. RICHARDSON		_	V V	
office Address:	259 SAND CLIFFS DRIVE		_	25 A	LE CONTRACTOR OF A CONTRACTOR
	INLET BEACH		. Florida 32461	- 12 (12)	
	(City)		(Zip code)	汽盖 2	

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.



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 WILLIAM H. RICHARDSON Chairman □ Chairman Name: ____ 259 SAND CLIFFS DRIVE □Vice Chairman □Vice Chairman Address: ____ INLET BEACH, FL 32461 Director □Director **■** President □President □ Vice President ☐ Vice President **■** Secretary Treasurer []Secretary □Treasurer ☐ Other _____ Other _____ Other __ □Other _____ □ Chairman Name: _____ Name: ☐ Chairman □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 □Treasurer ☐ Secretary □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

(Typed or printed name and capacity of person signing application)

WILLIAM H. RICHARDSON, PRESIDENT

Control Number: 12063848

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

SOUTHEAST ACCESS TECHNOLOGIES, 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 : 28148611 Date Inc/Auth/Filed: 08/07/2012 Jurisdiction : Georgia Print Date : 10/02/2024

Form Number : 211



Bred Raffensperger

Brad Raffensperger Secretary of State