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2024 NOY -1 PI; 7: 57

COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: INNERFAC	CE ARCHITECTURAL SIGNA	AGE INC		
3013EC1.	Name of corporation	on - must includ	e suffix	
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation fo " or "Certificate of Good Sta corporation to transact busin	anding" and che		
Please return all correspon	ndence concerning this matt	er to the follow	ing:	
SUZANNE GREENE				
	Name o	of Person		1.00
INNERFACE ARCHITECT	TURAL SIGNAGE INC			
	Firm/Co	ompany		
5849 PEACHTREE ROAD				
	Ado	dress	_	"
ATLANTA, GA 30341				
	City/State	and Zip code		
sgreene@innerfacesign.con				
	E-mail address: (to be used	d for future annu	ial report r	notification)
For further information co	oncerning this matter, please	e call:		
SUZANNE GREENE	770 at (638-2261	638-2261	
Name of Person	Area Co	ode Dayt	ime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ne following amount: to: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	VT OF STATE 1 \$78.75 Filin Certified Co	~	\$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.

INNERFACE S	IGN SYSTEMS INC			
(If name unavail	able in Florida, enter alternate corporate na	ne ado _l	oted for the purpose of transacting business in Florid	da)
GEORGIA	y under the law of which it is incorporated)	3. ⁵⁸⁻	1131468	
(State or counti	y under the law of which it is incorporated)	J	(FEI number, if applicable)	
MARCH 23, 19	72	5.		
(Date of incorporation)		·	(Date of duration, if other than perpetual)	
01/01/2024				
5849 PEACHTR	EE ROAD, ATLANTA, GA 30341		F.S., to determine penalty liability)	
5849 PEACHTR	EE ROAD, ATLANTA, GA 30341 (Principal	office <u>s</u>	treet address)	
5849 PEACHTR	EE ROAD, ATLANTA, GA 30341 (Principal	office <u>s</u>	treet address) Idress, if different)	1 202
	EE ROAD, ATLANTA, GA 30341 (Principal	office s	treet address) Idress, if different)	2029
	EE ROAD, ATLANTA, GA 30341 (Principal (Current ma	office s	treet address) Idress, if different)	2023. 1.37 -
Name and <u>stre</u> Name:	EE ROAD, ATLANTA, GA 30341 (Principal (Current ma	office s	treet address) Idress, if different) ox NOT acceptable)	
Name and stre	(Current manual department of the control of the co	office <u>s</u> iling ac	treet address) Idress, if different) ox NOT acceptable)	

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.

Kinberley Myain (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:	□ Chairman	Name: CHRISTOPHER MCWILLIAMS					
□Vice Chairman	Address: 5849 PEACHTREE ROAD	□Vice Chairman	Address: 5849 PEACHTREE ROAD					
□Director	ATLANTA, GA 30341	□Director	ATLANTA, GA 30341					
□President		■ President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
□Other	Other	□Other	□Other					
□ Director □ President	SUZANNE GREENE Name:	□ Chairman □ Vice Chairman ■ Director □ President □ Vice President	Name: MICHAEL MCWILLIAMS Name: 5849 PEACHTREE ROAD Address: ATLANTA, GA 30341					
Secretary	☐ Treasurer	□ Secretary	☐ Treasurer					
•		•						
□Other		Domer						
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President	Name:Address:					
☐ Vice President ☐ Secretary	□Treasurer	□Vice President □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. 12. 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 of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts stated herein are true and that he of the control of the facts are true and the control of the control								

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: H202138

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 Sceretary of State of the State of Georgia, do hereby certify under the seal of my office that

INNERFACE ARCHITECTURAL SIGNAGE, 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 Aninotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28188676 Date Inc/Auth/Filed: 03/23/1972 Jurisdiction : Georgia Print Date : 10/29/2024

Form Number : 211



Brad Rafforspager

Brad Raffensperger Secretary of State