

F95000005716

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ALL-STATES CONTRACTORS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tracey Bailey
(Name of Person)

200001642012
-11/20/95--01089--003
*****78.75 *****78.75

ALL-STATES CONTRACTORS, INC.
(Firm/Company)

4193 RUFUS PLACE
(Address)

DORAVILLE GA 30340
(City/State/Zip)

RECEIVED
NOV 21 PM 2:25

Should you need to call someone concerning this matter, please call:

Tracey Bailey at (770) 840-0416
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


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:

1. All-States Contractors, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GEORGIA
(State or country under the law of which it is incorporated)
3. 58-18267-11
(FBI number, if applicable)
4. 2/2/1989
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. 4197 RUEUS PLACE
DORAVILLE, GA 30340
(Current mailing address)
8. CONSTRUCTION
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Kim Bauer
Office Address: 4803 St. John Ave # 2E
PARADEA, Florida, 32177
(Zip Code)

10. 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)

11. 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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: TRALEY BAILEY

Address: 4124 Chatham Crest Lane, Buford, Ga 30518

Vice Chairman: _____

Address: _____

Director: KIM BAILEY

Address: 3205 LONG IRON DR.

LAWRENCEVILLE, GA 30244

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: TRALEY BAILEY

Address: 4124 Chatham Crest Lane

Buford, Ga 30518

Vice President: KIM BAILEY

Address: 3205 Long Iron Dr

LAWRENCEVILLE GA 30244

Secretary: SAME AS VP

Address: _____

Treasurer: SAME AS PRESIDENT

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Tracey Bailey
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tracey Bailey - President
(Typed or printed name and capacity of person signing application)

**Secretary of State,
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 952990530
CONTROL NUMBER : 8903433
DATE INC/AUTH/FILED: 02/22/1989
JURISDICTION : GEORGIA
PRINT DATE : 10/26/1995
FORM NUMBER : 211

ALL-STATES CONTRACTORS, INC.
4193 RUFUS PLACE
ATT: TRACY BAILEY
DORAVILLE GA 30340

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ALL-STATES CONTRACTORS, INC.
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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.



Max Cleland
MAX CLELAND
SECRETARY OF STATE

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CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta