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is Missing.
Will be filmed
When RECEIVED.

8/02/96

CORPORATE DETAIL RECORD SCREEN

3:19 PM

NUM: FREGOGOGO3773 ST:DE ACTIVE/FOREIGN PROF FLD: 07/25/1998

FEI#: 58-1619901

NAME : ARIZONA AUCTION SERVICES, INC.

PRINGIPAL: 1400 LAKE HEARN DRIVE, N.E.

ADDRESS ATLANTA, GA 30319

RA NAME

: C T CORPORATION SYSTEM : 1200 SOUTH PINE ISLAND ROAD RA ADDR

PLANTATION, FL 33324 US

ANN REP : \* NONE FILED \*

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:

## COLD, STIEFEL & RAY ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, BUITE BOOL

JACKBONVILLE, FLORIDA 32202-5059

н. екон ногриоок EDWARD C. AREL KATHLEEN HOLDHOOK COLD DANIEL O. AREL H. LEON HOLMHOOK, III JOHN III BTIKFKL, JR. THOMAB R. HAY

TELEPHONE (104) 200-0211

PACBIMILE OCCT-086 (NOV)

July 22, 1996

Florida Department of State Division of Corporations Attn: Qualification/Tax Lien Section Post Office Box 6327 Tallahassee, Florida 32314

Re: Phillips Formwork, Inc. 100001904201 -07/25/96--01058--001 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir:

Enclosed please find the following with regard to the request of the above-referenced Georgia corporation to transact business in Florida:

- 1. Your form transmittal letter;
- 2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 3. Original Certificate of Existence; and
- 4. A check in the amount of \$70.00 for your filing fee.

If you have any questions concerning this application, please call.

Sincerely,

John R. Stiefel, Jr.

JRS/cp **Enclosures** 

cc: John C. McManus, Esq.

#### TRANSMITTAL LETTER

	fication/fax Lien Section ion of Corporations		
SUBJECT: _	PHILLIPS FORMWORK IN (Name of corporation -		<del></del>
Dear Sir or M	fadam:		
The enclosed Florida", "Ce foreign corpo	"Application by Foreign Corporation rtificate of Existence", and check are trained to transact business in Floridation to transact business in Floridation to transact business."	on for Authorization to Transact Busine e submitted to register the above reference.	ess in enced
Please return	all correspondence concerning this	matter to the following:	
	MR. HARVEY PHILLIPS		
	(Name of	Person)	
	PHILLIPS FORMWORK INC	3.	SS = = = = = = = = = = = = = = = = = =
	(Firm/Co	ompany)	SE SE
	4303 VILLAGE OAK LANE		配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配配
	(Addi	ress)	<b>3</b>
	DUNWOODY, GA 30338		OVŠEČETARY OF STATE 95 JUL 25 PH 3: 06
	(City/State/Zip)		<b>୍ର</b> ପୁର୍ମ
Should you need to call someone concerning this matter, please call:  Mr. John R. Stiefel, Jr.  or (Name of Person)  or Mr. Harvey Phillips  at (904 ) 356-6311  (Area Code & Daytime Telephone Num (770) 451-3705			
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	
i alialiassee, FL 32377		Tananassee, 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:

١.	PHILLIPS FORMWORK INC.							
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	" or   of a	_					
2.	GEORGIA (State or country under the law of which it is incorporated) (1'El number, if applicable)							
	(State or country under the law of which it is incorporated) (1/BI number, if applicable)		P-Mid					
4.	July 1996  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to ex "perpetual")							
	(Date of Incorporation) (Duration: Year corp. will cease to ex "perpetual")	ist or						
6.	(Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)							
	(Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	မ္မာ	-					
7.	4303 VILLAGE OAK LANE	رن - <del>دری</del>	SEC SEC					
	DUNWOODY, GA 30338	上25						
	(Current mailing address)	₽.	350					
8.	CONSTRUCTION, CONCRETE FORM WORK  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida		F STA					
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida	8	-5A					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)								
	Name: JOHN R. STIEFEL, JR., ESQ.							
	Office Address: ONE INDEPENDENT DRIVE, SUITE 2301							
	Jacksonville, , Florida, 32202-5 (Zip Code)	059						
10.	Registered agent's acceptance: (Zip Code)	1						
reg all	ving been named as registered agent and to accept service of process for the algorithm at the place designated in this application, I hereby accept the appointment agree to act in this capacity. I further agree to comply with the postatutes relative to the proper and complete performance of my duties, and I am fall accept the obligations of my position as registered agent.	oove intme ovisi milia	stated ent as ons of r with					

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.

(Registered agent's signature)

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:		_	
		-	
Vice Chair	rman:	-	
Address:			
Director:		- -	
Address:		****	
Director:	MR. HARVEY PHILLIPS	-	
	4303 VILLAGE OAK LANE	-	
	DUNWOODY, GA 30338	_	
B. OFFI	CERS (Street address only- P. O. Box NOT acceptable)		
President:	MR. HARVEY PHILLIPS	_	
Address:	DUNWOODY, GA 30338	-	
Vice Presi	dent:	- <del>3</del> 6	3S SS
	uein.	_	
		25	FA CCY
Secretary:	MR. HARVEY PHILLIPS	-မူ -မူ	TARY OF STATE OF CORPORATIONS
Address:	same as above	•••	ATION
		_	ī.
Treasurer:	MR. HARVEY PHILLIPS	_	
Address:	same as above	· · · · ·	•
NOTE: I	f necessary, you may attach an addendum to the application listing additional addor directors.	<b>-</b>	٠
12	h Rulling		
13. <u>(S</u>	ignature of Chairman. Vice Chairman, or any officer listed in number 12 of the application)	<del>-</del> ,	
14	MR. HARVEY PHILLIPS, President		
-71	(Typed or printed name and capacity of person signing application)	-	

# Secretary of State Unsiness Information and Services Suite 315, West Cower 2 Martin Tuther King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 962000080
CONTROL NUMBER : 9621507
DATE INC/AUTH/FILED: 07/08/1996
CURIBDICTION : GEORGIA
PRINT DATE : 07/18/1996
FORM NUMBER : 0211

JOHN C. MCMANUS 235 PEACHTREE ST. SUITE 1700 ATLANTA, GA 30303

#### CERTIFICATE OF EXISTENCE

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

SECRETARY OF STATE
DIVISION OF CERPORATION

#### PHILLIPS FORMWORK 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 abovenamed 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.



Lewis 4. Massey

Lewis A. Massey Secretary of State