

F980000000224

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: CMW Pipeline Inc  
(Name of corporation - must include suffix)

000002398940-3  
-01/13/98-01102-002  
\*\*\*\*131.25 \*\*\*\*131.25

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:

Payton Crawford  
(Name of Person)  
CMW Pipeline Inc  
(Firm/Company)  
16727 BELTON Bridge Rd  
(Address)  
Lula, GA 30554  
(City/State/Zip)

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

Payton Crawford at (770) 869-7034  
(Name of Person) (Area Code & Daytime Telephone Number)

mtu  
1/14

COURIER ADDRESS:

Qualification/Tax Lien Section  
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. CMW Pipeline 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 3. 58-2099143  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 1994 5. \_\_\_\_\_  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO WORK HAS BEEN TRANSACTED IN FLORIDA  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. CMW Pipeline Inc.  
P.O. Box 7085 Chestnut Mt GA 30502  
(Current mailing address)

8. Underground utility work.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Payton Crawford

Office Address: 935 OCEAN AVE

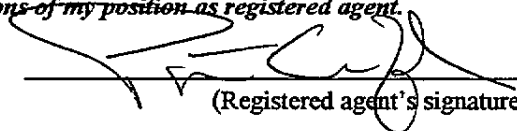
Fernandina Beach FLA

Florida, 32034  
(Zip code)

Mailing Address: P.O. Box 935  
Fernandina Beach Fla.  
32034

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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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: Payton L. Crawford

Address: 4507 Union Ch. Rd.  
Flowery Branch GA 30542

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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

President: Payton L. Crawford

Address: 4507 Union Ch. Rd.  
Flowery Branch GA 30542

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_


Secretary: Shannon M. Crawford

Address: 4507 Union Ch. Rd.  
Flowery Branch, GA 30542

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

14. Payton L. Crawford President  
(Typed or printed name and capacity of person signing application)

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**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

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DATE INC/AUTH/FILED: 03/18/1994  
JURISDICTION : GEORGIA  
PRINT DATE : 12/31/1997  
FORM NUMBER : 211

PEYTON CRAWFORD  
P.O. BOX 7085  
CHESTNUT MOUNTAIN GA 30502

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, certify under the seal of my office that

**CMW PIPELINE, 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.

*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE



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