

F99 000000 1474

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Andromeda Corporation
(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:

B. Douglas Shannon
(Name of Person)

Andromeda Corporation
(Firm/Company)

555 Charlie Smith Sr. Hwy Suite 8-440
(Address)

St. Marys, GA 31558
(City/State/Zip)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 18 PM 1:34
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Should you need to call someone concerning this matter, please call:

Doug Shannon
Paula Smith
(Name of Person) at (904) 384-5080
(Area Code & Daytime Telephone Number)

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-03/05/99--01076--001
*****78.50 *****78.50
W99-5517

STREET 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 8, 1999

B. DOUGLAS SHANNON
ANDROMEDA CORPORATION
555 CHARLIE SMITH SR., HWY STE 8-440
ST MARY'S, GA 31558

SUBJECT: ANDROMEDA CORPORATION
Ref. Number: W99000005517

We have received your document for ANDROMEDA CORPORATION and your check(s) totaling \$78.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 499A00010523

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SECRETARY OF STATE
MAR 10 1999
TALLAHASSEE, FLORIDA

**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. ANDROMEDA CORPORATION
(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. 58-2434977
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/12/99 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 3/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 555 Charlie Smith St. Hwy Suite 8-440
ST. MARYS, GA 31558
(Current mailing address)
8. CONSTRUCTION
(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: B. Douglas Shannon
- Office Address: 4541-4 SHIRLEY AVE.
JACKSONVILLE, Florida, 32210
(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.

B. Douglas Shannon
(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.

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: B. Douglas Shannon

Address: 510 LAKEFIELD LANE

ORANGE PARK, FL 32073

Vice President: Paula W. Smith

Address: 4688 Scarlet Ct

Jacksonville, FL 32210

Secretary: BETTY J. SHANNON

Address: 510 LAKEFIELD LANE

ORANGE PARK, FL 32073

Treasurer: SAME AS SECRETARY

Address: _____

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

13. B. Douglas Shannon

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

14. B. Douglas Shannon President

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

Secretary of State

Corporations Division

315 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K90740990
CONTROL NUMBER : K809710
DATE INC/AUTH/FILED : 02/12/1998
JURISDICTION : GEORGIA
PRINT DATE : 03/15/1999
FORM NUMBER : 211

SPECIALTY INSTALLATION GROUP
PAULA SMITH
4541-4 SHIRLEY AVE.
JACKSONVILLE FL 32210

CERTIFICATE OF EXISTENCE

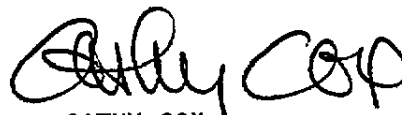
I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ANDROMEDA CORPORATION A DOMESTIC PROFIT CORPORATION

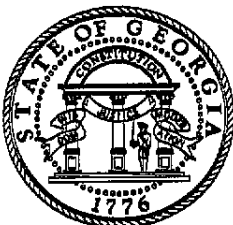
was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, 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.



CATHY COX
SECRETARY OF STATE



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DIVISION OF CORPORATIONS
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