

Sh...
 Requestor's Name
 9/15
 Address
 66084318
 City/State/Zip Phone #
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. litilco, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

99 SEP 15 PM 2:52
 DIVISION OF CORPORATIONS
 SECRETARY OF STATE

- ☒ Walk in
 ☐ Pick up time _____
 ☒ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

400002988014--9
 -09/15/99-01058-015
 *****78.75 *****78.75

5

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

B/C

9/15/99

RECEIVED
 99 SEP 15 PM 1:56
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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**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:

FILED
STATE
SECRETARY OF
CORPORATIONS
99 SEP 15 PM 2:52

1. Utilco, 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. 58-1435985
(FEI number, if applicable)
4. 4/20/81
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida) (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. 905 Omega-Sy Sy Road
Defton, GA 31794
(Current mailing address)
8. Electrical contracting services
(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: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, Florida, 32301
(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.

Dellanie Lundgren, asst. sec.
(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: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. Brad Eastman, Vice President

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

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FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

UTILCO, INC.Officers and Directors

<u>Name</u>	<u>Position</u>	<u>Address</u>
Buddy Bryan	President	905 Omega-Ty Ty Road Tifton, GA 31794
Brad Eastman	Vice President, Assistant Secretary, and Director	1360 Post Oak Blvd., Suite 2100 Houston, Texas 77056
James H. Haddox	Vice President, Assistant Secretary, and Director	1360 Post Oak Blvd., Suite 2100 Houston, Texas 77056
Derrick A Jensen	Vice President, Assistant Secretary and Director	1360 Post Oak Blvd., Suite 2100 Houston, Texas 77056

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SECRETARY OF DEFENSE
DIVISION OF OPERATIONS

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

DOCKET NUMBER : K92530746
CONTROL NUMBER : J104501
DATE INC/AUTH/FILED: 04/20/1981
JURISDICTION : GEORGIA
PRINT DATE : 09/10/1999
FORM NUMBER : 211

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SECRETARY OF STATE
CORPORATIONS

ORIGIN INFORMATION & SERVICES, INC.
ATTN: WRIGHT COLEY
233 MITCHELL ST STE 550
ATLANTA, GA 30312

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

UTILCO, 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.



Cathy Cox

Cathy Cox
Secretary of State