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(Requestor's Name)
(Address)
/Address
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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I KANSWII I AL LEI I EK
TO: Registration Section Division of Corporations
SUBJECT: G.W. WYATT CONTRACTING, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
TAMMY I. RENFRO (Name of Person)
G.W. WYATT CONTRACTING, LLC  (Firm/Company)
ASSET ASSET
P.O. BOX 369  (Address)
Trypephony of my 23270
JEFFERSON CITY. TN 37760  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
<u>mark williamson</u> at ( <u>865</u> ) <u>475-9600</u>
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

**Secretary of State Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 02/11/2005 REQUEST NUMBER: 05042537 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 09/14/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0414132 JURISDICTION: TENNESSEE

TO: G W WYATT CONTRACTING, LLC PO BOX 369 JEFFERSON CITY, TN 37760

REQUESTED BY: G W WYATT CONTRACTING, LLC PO BOX 369

JEFFERSON CITY, TN 37760

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "G. W. WYATT CONTRACTING, LLC"

MITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF MATION AND DURATION AS GIVEN ABOVE; ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE STENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; AND TARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND TARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.



FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/11/05

FROM: G W WYATT CONTRACTING, LLC PO BOX 369

FEES \$20.00

\$0.00

JEFFERSONCITY, TN 37760-0000

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$20.00

RECEIPT NUMBER: 00003652893 ACCOUNT NUMBER: 00379330



RILEY C. DARNELL SECRETARY OF STATE

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	G.W. WYATT CONTRACTING, LLC  (Name of Foreign Limited Liability Company)
	(Name of Poreign Limited Elabinty Company)
2.	TENNESSEE 3, 62-1867345
(Jurisd	TENNESSEE  3. 62-1867345  (Iction under the law of which foreign limited liability (FEI number, if applicable)
compa	ny is organized)
4	0_14_01 5 PERPETUAL
	9-14-01 5. PERPETUAL.  (Date of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
6.	N/A
J	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	803 KAST BROADWAY BLVD.
	\$
	JEFFERSON CITY. TN 37760 (Street Address of Principal Office)
	(Street Address of Principal Office) ≥≈ □
s. If he	nited liability company is a manager-managed company, check here 🗵 👸 🔊 📁
^ TP1	
9. The	name and usual business addresses of the managing members of managers are as follows:
	name and usual business addresses of the managing members or managers are as follows:
<u>J</u>	OSEPH FIELDEN P.O. BOX 369 JEFFERSON CITY. TN 37760
_	ANY IN THE PART OF THE THE PART OF THE PAR
G	ARY W. WYATT P.O. BOX 369 JEFFERSON CITY, TN 37760
74	ARK WILLIAMSON P.O. BOX 369 JEFFERSON CITY. TN 37760
5 <u>2</u> 10 Attac	AMUEL D. SUTTON P.O. BOX 369 JEFFERSON CITY, TN 37760 Thed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon
	iction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	n of the certificate under oath of the translator must be submitted.)
aca anemos	of the continued threat court of the head and threat of continued
11. Na	ture of business or purposes to be conducted or promoted in Florida:
S	ITE DEVELOPMENT
	Mr. L. SAra
	Mark Walands
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK WILLIAMSON

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	he Limited Liability Compar	ıy is:				
G.W. Wyatt Contract	ting, LLC					
2. The name and	the Florida street address of	the registered a	agent and office a	re:		
	СТС	orporation System	1			
_		(Name)				
	1200 South Pine Island Road					
_	Florida Street Addre	ss (P.O. Box NO)	[ACCEPTABLE)	FEB 28 FTARY HASSEL		
·	Plantation	FL	33324	:' <u>O</u> _		
		City/State/Zip		52 0	J	
liability company agent and agree to relating to the proof obligations of my	ed as registered agent and to at the place designated in this o act in this capacity. I furthe per and complete performand position as registered agent a	certificate, I he ragree to comp ee of my duties, d	ereby accept the ap ly with the provisi and I am familiar	ppointment as re ions of all statute with and accept	gistered es	
By: Mar	C T Corporation System  (C) (Signature)	<u>-</u>				
	MAT	RY R. ADAMS				

ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00

\$ 25.00 Designation of Registered Agent

**Certificate of Status (optional)**