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SOUTHWAY CRANE & RIGGING-MACON, LLC

TYPE OF FILING: Foreign LLC

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160.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Southway Cra	ne & Rigging-Macon, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed "Application by Foreign Existence, and check are submitted to	n Limited Liability Company for Authorization to Transact Business in Flori- register the above referenced foreign limited liability company to transact b	da," Certificate of usiness in Florida
Please return all correspondence conc	erning this matter to the following:	
Capitol Service	es Corporate Filings Team	
	Name of Person	
Capitol Service		_
	Firm/Company	
800 Brazos, S		_
	Address	
Austin, TX 7870		_
	City/State and Zip Code	
josh(@southwaycrane.com aail address: (to be used for <u>future annual report notification</u>)	IMPORTANT: The email address
E-m For further information concerning this		entered here will be utilized for future ANNUAL REPORT NOTIFICATIONS!!
	_{st} 800 345-4647	
Name of Pe		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Duilding 2661 Executive Center Circle	
	Tallahassee, FL 32301	
	wing amount: 0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	icate y
•		

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:

	WILL DEMANDE CONTRACT TO TOWNSON DAMAGE DAMAGE DESCRIPTION OF THE DESC	
1.	Southway Crane & Rigging-Macon, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab ompany," "L.L.C," "LLC.")	written
	Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
4.	08/02/1999 5. Perpetual (Date of Organization) (Duration; Year limited liability company will cease to	
6.	exist or "perpetual") 12/01/2010	_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	. 😊
7.	UNUX HIMININI UT	TO OFC
	McIntyre, GA 31054	
	(Street Address of Principal Office)	8 6
8.	If limited liability company is a manager-managed company, check here	12 OFC 118 VH 3: 41
9.	The name and usual business addresses of the managing members or managers are as follows:	1 1 :6
	Clarence J. Reynolds, 9592 Highway 97, Mcintyre, GA 31054	- -
		-
		_
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)	cords in
11	. Nature of business or purposes to be conducted or promoted in Florida:	-
	Providing trucks, crangs, specialized lifting services and rigging services	 •
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Clarence J. Reynolds	

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.

. The name of the Limited Liability Company is:
Southway Crane & Rigging-Macon, LLC
f unavailable, the alternate to be used in the state of Florida is:
. The name and the Florida street address of the registered agent and office are:
Capitol Corporate Services, Inc.
(Name)
155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)
Fiorida Greek Address (F.O. Box ACCEFIABLE)
Tallahassee _{FL} 32301
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. K932460

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SOUTHWAY CRANE & RIGGING-MACON, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/02/1999 in Georgia. 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 Sccretary 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of December, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9464099-1 Reference: 0336471
Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp