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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TATETARY OF STATE
TALLAHASSEE, FLORIDA

FILED 15 AUG 18 AM 10: 35

NO 19 2015 J. HARRIE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Williams Power & Signal, LLC
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:
Samantha Bradley
Name of Person
Williams Power & Signal, LLC
Firm/Company
2483 South Hwy 16
Address
Carrollton, GA 30116
City/State and Zip Code
sam@williamspowersignal.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantha Bradley _{at} 770 834-2427
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2015

SAMANTHA BRADLEY 2483 SOUTH HWY 16 CARROLLTON, GA 30116

SUBJECT: WILLIAMS POWER & SIGNAL, LLC

Ref. Number: W15000051527

We have received your document for WILLIAMS POWER & SIGNAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 415A00015978

15 AUG 18 AM 10: 35

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern Liability Company," "L.L.C," or "LLC.")	ate name must include "Limited
2. State of Georgia 3. 45-2709221	
2. State of Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2/U9221 (FEI number, if a	pplicable)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	≟ं ज
_{5.} 2483 South Hwy 16	1 5
Carrollton, GA 30116	25 0 1
(Street Address of Principal Office)	
5	9. P.
	5 X
	3*
(Mailing Address)	3×
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
7. The name, title or capacity and address of the person(s) who has/have authority t	
7. The name, title or capacity and address of the person(s) who has/have authority t	
7. The name, title or capacity and address of the person(s) who has/have authority to Bill Williams, Owner. 2483 South Hwy 16 Carrollton, G	
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7. The name, title or capacity and address of the person(s) who has/have authority to Bill Williams, Owner. 2483 South Hwy 16 Carrollton, Gamantha Bradley, Office Manager. Same address	A 30116
7. The name, title or capacity and address of the person(s) who has/have authority to Bill Williams, Owner. 2483 South Hwy 16 Carrollton, Gasamantha Bradley, Office Manager. Same address 3. Attached is an original certificate of existence, no more than 90 days old, duly authoring custody of records in the jurisdiction under the law of which it is organized.	henticated by the official (A photocopy is not
7. The name, title or capacity and address of the person(s) who has/have authority to Bill Williams, Owner. 2483 South Hwy 16 Carrollton, Gasamantha Bradley, Office Manager. Same address 8. Attached is an original certificate of existence, no more than 90 days old, duly authorized custody of records in the jurisdiction under the law of which it is organized. Sacceptable. If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	henticated by the official (A photocopy is not
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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: Williams Power & Signal, LLC					
If unavailab	If unavailable, the alternate to be used in the state of Florida is:				
2. The nam	e and the Florida street	address of the registered agent and offi	ce are:		
	Northwest	t Registered Agent LL	C		
		(Name)			
	3030 N. R	Rocky Point Dr, Ste 150	0 A		
		Street Address (P.O. Box NOT ACCEPTABLE)			
	Tampa	. 33607 FL			
		City/State/Zip			
liability com registered a statutes rela	npany at the place desig gent and agree to act in ting to the proper and c	gent and to accept service of process for nated in this certificate, I hereby accept to this capacity. I further agree to comply complete performance of my duties, and I n as registered agent as provided for in t	the appointment as with the provisions of all I am familiar with and		
		(Signature) \$ 100.00 Filing Fee for Application	15 AUG I		

\$ 25.00

\$ 30.00

\$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER

: 11052095 DATE INC/AUTH/FILED : July 09, 2011 : Georgia

PRINT DATE

JURISDICTION

: August 12, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> WILLIAMS POWER & SIGNAL, LLC A Domestic Limited Liability Company

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.



B: 1.h

Brian P. Kemp Secretary of State

Tracking #: DeLrr1Kz