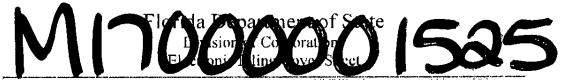
2/21/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company R. W. ALLEN CONSTRUCTION, LLC

Certificate of Status	9
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Tegy

COVER LETTER

	gistration Section vision of Corporation	os ·				
SUBJECT:		NSTRUCTION, LLC				
Name of Limited Liability Company						
The enclosed Existence, al	d "Application by Fo nd check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorizat inced foreign limits	ion to Tre ed liability	nsact Business in Florida." Certificate of company to transact business in Florida	
Please return	all correspondence	concerning this matter to the	following:			
	Desiree James					
	***************	Ni	me of Person			
	R. W. ALLEN CONSTRUCTION, LLC					
	Firm/Company					
	1865 West Broad Street, Suite A					
Address						
	Athens, GA 30606					
	City/State and Zip Code					
	djames@rwaile					
	***	E-mail address: (to be used	for future annual	report not	ification)	
For further i	nformation concernis	ng this matter, please call:				
Do	siree James		706 at (546-58	87	
NT-1	Name	of Contact Person	Area Code	Day	time Telephone Number	
Div Re P.C	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301		of Corporations Ion Section uilding cutive Center Circle	
	a check for the follow \$125.00 Filing Fee		Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

	IN PLC	JKIDA		
	TION (05.0902, FLORIDA STATUTEN THE FO SINESS INTHE STATE OF FLORIDA:	ILIOIFING & SUBMITTED TO	REGISTER A FOREIGN	LINTED LIABILITY
R. W: ALLEN CONST				
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company,	" "L.L.C.," or "LLC.")	
Liability Company," "L.L.C,"	ternale name adopted for the purpose of trans "or "LLC.")	acting business in Florida. Th	e alternate name must in	clude "Limited
2. Georgia	3	47-47551	084	
(durisdiction under the law company is organized)	of which foreign limited liability	(Ff.) number	, il'applicable)	
4.		·		
	(Date first transacted business in Flor (See sections 605,0904 & 605,0905, F.)	nea, it prior to registration.) S. to determine penalty liabilit	(Y)	
5. 1865 West Broad Stree	et, Suite A			=
Athens, GA 30903	(Street Address of Principal	Office		
PO Box 2406	farteet viriness of tymerbin	Omee)		2 · · · · · · · · · · · · · · · · · · ·
6. 10 Bun 2400				
Augusta, GA 30903				2 290
	(Mailing Address)			9 📆
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)		, 그 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	C T Corporation System	, ,		w
Name:				
Office Address:	1200 South Pine Island Road			
	Plantation	. Florida 33	324	*****
	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip code) ·	
designated in this applicate comply with the provisi	rgistered agent and to accept service of pation, I hereby accept the appointment as one of all statutes relative to the proper amy position as registered agent. C T Corporation Systems By:	registered agent and agre and complete performance	ee to act in this capaci e of my duties, and I o	ity. I further agree
	(Hegistered age	nt's signature)		*.
-	acity and address of the person(s) who ha PO Box 2406, Augusta, GA 30903	s/have authority to manage	is/are:	_
Connie Melear - Manage	r PO Box 2406, Augusta, GA 30903			
				
·				- ``
 Attached is a certificate jurisdiction under the law of the translator must be s 	of existence, no more than 90 days old, of which it is organized. (If the certificate uhmitted) Signature of an au	e is in a foreign language, a	fficial having custody translation of the cen	of records in the tificate under oath
	- Official of mine			

This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. 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.

Typed or printed name of signee

Control Number: 15074282

STATE OF GEORGIA

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

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

R.W. ALLEN CONSTRUCTION, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annual 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.

Docket Number
Date Inc/Auth/Filed
Jurisdiction

Print Date Form Number : 14080772 : 08/03/2015

: Georgia : 02/20/2017

. 211



