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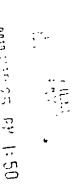
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COVER LETTER

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ECT: _	SPG Construction LL				_	
-		Name of	f Limited Liability	Company		
nclosed	"Application by Fore I check are submitted	ign Limited Liability Con to register the above refe	npany for Authoriza renced foreign limi	ation to Transact Business in Florida, ted liability company to transact busi	" Certificate of ness in Florida.	
return a	all correspondence co	ncerning this matter to the	e following:			
	Brian Holcombe					
			Name of Person	· · · · · · · ·	-	
	SPG Constructio	on LLC				
Firm/Company						
15 Cody Fowler Road						
	•		Address			
	Commerce GA 3	30530				
		City/	State and Zip Code		_	
	bholcombe@spg.n	net				
		E-mail address: (to be use	ed for future annua	report notification)	-	
rther int	formation concerning	this matter, please call:				
Brian Holcombe		770 at (483-2193			
	Name of	Contact Person		Daytime Telephone Number	-	
Divis Regis P.O.	sion of Corporations stration Section Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Pleas	e make check payable	e to: FLORIDA DEPAR \$130.00 Filing Fee	& □ \$155.00	Filing Fee & 🔳 \$160.00 Filing		
	Divis ECT: aclosed nee, and return: Bria MAI Divis Regi P.O. Talla Encle Pleas	SPG Construction Literates and check are submitted return all correspondence of Brian Holcombe SPG Construction SPG Construction SPG Construction SPG Construction Commerce GA 3 bholcombe@spg.st where information concerning Brian Holcombe Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the	SPG Construction LLC SPG Construction LLC ECT: Name of colored, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to register the above reference, and check are submitted to return all correspondence concerning this matter to the submitted to register the above reference, and check are submitted to register the above reference and check are submitted to the submitt	SPG Construction LLC ECT: Name of Limited Liability Company for Authorizatione, and check are submitted to register the above referenced foreign limit return all correspondence concerning this matter to the following: Brian Holcombe Name of Person SPG Construction LLC Firm/Company 15 Cody Fowler Road Address Commerce GA 30530 City/State and Zip Code bholcombe@spg.net E-mail address: (to be used for future annual ander information concerning this matter, please call: Brian Holcombe Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STA	SPG Construction LLC ECT: Name of Limited Liability Company Iclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, noce, and check are submitted to register the above referenced foreign limited liability company to transact businest and check are submitted to register the above referenced foreign limited liability company to transact businest and check are submitted to register the above referenced foreign limited liability company to transact businest and check are submitted to register the above referenced foreign limited liability company to transact businest and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register to the following: Brian Holcombe Sept Construction LLC Firm/Company 15 Cody Fowler Road Address Commerce GA 30530 City/State and Zip Code bholcombe@spg.net E-mail address: (to be used for future annual report notification) Their information concerning this matter, please call: Brian Holcombe Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE. S125.00 Filing Fee \$130.00 Filing Fee \$\Bigsilon \$150.00 Filing Fee & \Bigsilon \$150.00 Filing Fee & \B	

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

IN COMPILANCE, 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:

name unavailable, enter alternate t	arms: acobied for the hitchose or naineacoul consuless in List	KRIS, TIK SIICIIM	tte name must include "Limited Liability Company,"	"L.L.C," or "LLC
Georgia			1-1852895	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)
3-21-19				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) inc pensity liabil	nty)	
15 Cody Fowler Roa	ad	15	Cody Fowler Road	
(Street Address of	Principal Office)	0	(Mailing Address)	
Commerce GA 3053	00		ommerce, GA 30530	
None and stone address	er of Florido registered agent: (P.O. Boy		entable)	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT sece	eptable)	99(a {::
Name and street addre	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acce	eptable)	(3) (3) (4) (4) (4) (7)
·			eptable)	

Registered agent's acceptance:

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 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.

Corporation Service Company
By: Alana Caskowski, Assistant VP
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Michael Todd Ballard Brian Jacob Holcombe Manager Manager 2206 Lem Edwards Road 4710 Fairways Lane Address: Member Address: Member Colbert, GA 30628 Jefferson, GA 30549 Authorized Authorized Person Person Other____ Other___ Other ☐Other ☐ Manager Name: _____ Manager Address: ____ Member | Address: Member Authorized Authorized Person Person Other_ Other Other__ Other____ Manager Manager Manager Member ☐ Member Address: Authorized Authorized Person Person Other____ Other_ Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Brian Holcombe Signature of an authorized person Brian Jacob Holcombe

Typed or printed name of signee

Control Number: 15115516

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SPG 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 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.

> Docket Number : 16916355 Date Inc/Auth/Filed: 12/08/2015 Jurisdiction : Georgia Print Date : 03/21/2019 : 211

Form Number



Brad Raffensperger

Brad Raffensperger Secretary of State