8/18/2020

Division of Corporations

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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. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION Stair South, Inc.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| Stair South, Inc. | | | |
|--|--|--|--|
| | | 601 M (2011) - 601 Pot | ONT !! |
| | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATI | ON, |
| (If name unavaila | ible in Florida, enter alternate corporate name add | opted for the purpose of transac | ting business in Florida) |
| GA | 5. | 8-2418977 | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if | applicable) |
| Aug 5 1988 | | | |
| (Date | of incorporation) 5. | (Date of duration, if oth | ier than perpetual) |
| | | | |
| | (Date first transacted business in F | | - |
| | (SEE SECTIONS 607.1591 & 607.150 | | bility) |
| 160 Sammons Pk | wy NE Eatonton, GA 31024 | | |
| | Principal | office address) | |
| | (i incipal | office fiduress) | |
| | (i incipal | office address) | |
| | · | | |
| | · | address, if different) | |
| Name and stree | (Current mailing | address, if different) | |
| | · | address, if different) | 2 <u>1</u> 21 |
| Name and stree | (Current mailing et address of Florida registered agent: (P.O. C T Corporation System | address, if different) | 22.20 |
| | (Current mailing a address of Florida registered agent: (P.O. | address, if different) | |
| Name: | (Current mailing address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation. | Box NOT acceptable) | 2028 |
| Name: | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road | Box NOT acceptable) | 2020 |
| Name: Tice Address: | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) | Box NOT acceptable) | |
| Name: Tice Address: Registered age | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) | Box NOT acceptable) , Florida (Zip code) | est of |
| Name: Tice Address: Registered againg been num | (Current mailing et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: end as registered agent and to accept service | Box NOT acceptable) , Florida 33324(Zip code) of process for the above sta | ated corporation at the pla |
| Name: fice Address: Registered agoving been namsignated in this other agree to contact the contact to the contact that the c | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel | Box NOT acceptable) 33324 Thorida (Zip code) of process for the above state as registered agent and cative to the proper and com | ated corporation at the pla agree to act in this capacit plete performance of my |
| Name: fice Address: Registered agoving been namsignated in this other agree to contact the contact to the contact that the c | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment | Box NOT acceptable) 33324 Thorida (Zip code) of process for the above state as registered agent and cative to the proper and com | ated corporation at the pla agree to act in this capacit plete performance of my |
| Name: Tice Address: Registered agaiving been namsignated in this other agree to contact. | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel | Box NOT acceptable) 33324 Thorida (Zip code) of process for the above states registered agent and cative to the proper and coming position as registered ag | ated corporation at the pla agree to act in this capacit plete performance of my |
| Name: Tice Address: Registered agerving been names signated in this other agree to contact. | (Current mailing a address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes reliamiliar with and accept the obligations of a corporation System | Box NOT acceptable) 33324 Thorida (Zip code) of process for the above states registered agent and cative to the proper and coming position as registered ag | ated corporation at the pla agree to act in this capacit plete performance of my |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS

| Chairman | |
|-----------------------|---|
| Address: | |
| | |
| Vice Cha | imian: |
| | |
| . 100. | |
| Director | |
| | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFF | ICERS |
| | Dennis Chamberlain |
| President: | 106 Reid Dr. |
| Addr e ss: | Eatonton, GA 31024 |
| Vice Pres | Greg Chamberlain |
| | 125 Country Lane |
| Address, | Eatonton, GA 31024 |
| Secretary: | |
| | |
| Treasurer: | |
| Address: | |
| | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| | The design of the state of the special of the special of the state of |
| 12 | Signature of Director or Officer |
| are true a | er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S. |
| 13. | Dernis chambeilain - ourse Pres. |
| | (Typed or printed name and capacity of person signing application) |

Control Number: K831854

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

STAIR SOUTH, INC. a Domestic Profit Corporation

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 : 19516377 Date Inc/Auth/Filed : 08/25/1998 Jurisdiction : Georgia Print Date : 08/13/2020

Form Number : 211



Bred Rafforspager

Brad Raffensperger Secretary of State