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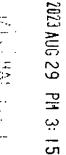
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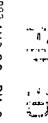
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: TNT Plumbing C	orporation			
JOBOLET.	Name of corporation - r	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application by I "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good Standin	ig" and check are subi		
Please return all correspondence	e concerning this matter to	the following:		
James Anthony Hughes				
	Name of Per	son		
TNT Plumbing Corporation				
	Firm/Compa	ny		
109 Church Alley				
	Address			
BROOKS, GA, 30205				
	City/State and	Zip code		
tntplumbingcorp@aol.com				
E-m	ail address: (to be used for	future annual report n	otification)	
For further information concern	ning this matter, please call	•		
James Hughes	at (<u>678</u>	9833977		
Name of Person	Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ORIDA DEPARTMENT O 78.75 Filing Fee & 🗆 🗆 \$	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORTICE," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	ORATED," "C	OMPANY," "CORPORATION,"		
TNT Plumbing Corporation (GA)				
(If name unavailable in Florida, enter alternate corpo	orate name adop	ted for the purpose of transacting	business in Fl	orida)
Georgia	2	47-31,7535	5D	
(State or country under the law of which it is incorp	porated)	(FBI number, if applicable)		
12/18/2014	c		•	
(Date of incorporation)	J	(Date of duration, if other tha	in perpetual)	
		(Cara or one and a contract proportion)		
(SEE SECTIONS 607.150	business in Flo 01 & 607.1502,	rida, if prior to registration) F.S., to determine penalty liability)	
(Date first transacted (SEE SECTIONS 607.150 109 Church Alley BROOKS, GA, 30205	business in Flo 01 & 607.1502, incipal office st	F.S., to determine penalty liability)	
(Date first transacted (SEE SECTIONS 607.150 109 Church Ailey BROOKS, GA, 30205 (Pr	incipal office at	F.S., to determine penalty liability)	
(Date first transacted (SEE SECTIONS 607.150 109 Church Ailey BROOKS, GA, 30205 (Pr	incipal office at	F.S., to determine penalty liability reet address) dress, if different)	i A()	2023 AL
(Date first transacted (SEE SECTIONS 607.150 109 Church Ailey BROOKS, GA, 30205 (Pr (Cur Name and street address of Florida registered ag	incipal office at	F.S., to determine penalty liability reet address) dress, if different)	i A()	2023 AUG 2
(Date first transacted (SEE SECTIONS 607.150 109 Church Ailey BROOKS, GA, 30205 (Pr (Cur Name and street address of Florida registered ag	rincipal office at	F.S., to determine penalty liability reet address) dress, if different)	· AU AHAS	29
(Date first transacted (SRE SECTIONS 607.150 109 Church Ailey BROOKS, GA, 30205 (Pr (Cur Name and street address of Florida registered ag Name: JAMIS A. H ffice Address: 48 Middlettin	rincipal office at rrent mailing ad gent: (P.O. Bo	F.S., to determine penalty liability reet address) dress, if different)	i A()	2023 AUG 29 PH 3:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Fayetteville, GA 30214	□Director			
President		□President			
Vice President		□Vice President			
Secretary	■ Treasurer	□Secretary	□Treasurer		
□Other	Other	□Other	Other		
		,			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	☐ Secretary	□Treasurer		
Other	Other	□Other	□Other		
□ Chainnan	Name:	□ Chairman	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
☐ Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing four Florida Department of State Annual Report form. 12. Signature of Director or Officer					
12.	Signature of Director or	Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or the is aware that 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.					
13. James Antho	ony Hughes				

(Typed or printed name and capacity of person signing application)

. . .

Control Number: 15021095

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

TNT Plumbing Corporation 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 : 25688394 Date Inc/Auth/Filed : 12/18/2014 Jurisdiction : Georgia Print Date : 08/05/2023

Form Number : 211



Brad Raffansperger