

F000000001422

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: C. A. Murren and Sons Company, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Kalish
(Name of Person)

C. A. Murren and Sons Company, Inc.
(Firm/Company)

P. O. Box 897
(Address)

Snellville, GA 30078
(City/State/Zip) 700003162917--6
-03/09/00--01003--003
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Robert Kalish at (770) 682-2940
(Name of Person) (Area Code & Daytime Telephone Number)

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00 MAR -9 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	STREET ADDRESS:
Document Examiner	Qualification/Tax Lien Section Division of Corporations
Updater	409 E. Gaines St. Tallahassee, FL 32399
Updater Verifier	Enclosed is a check for the following amount:
Acknowledged	\$70.00 Filing Fee
W. P. Verifier	DCC

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☒ \$78.75 Filing Fee & Certificate of Status
☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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.*

1. C. A. Murren and Sons Company, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia 3. 58-2047805
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. None
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P. O. Box 897
Snellville, GA 30078
(Current mailing address)
8. Construction
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: Jeff Kalish
8007 Jozee Circle
- Office Address: _____
Orlando, Florida, 32836
(Zip code)

10. Registered agent's acceptance:

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.

Jeffrey F. Kalish
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Charles A. Murren III

Address: 2275 Highway 20, Grayson, GA 30017

Vice President: _____

Address: _____

Secretary: Linda C. Murren

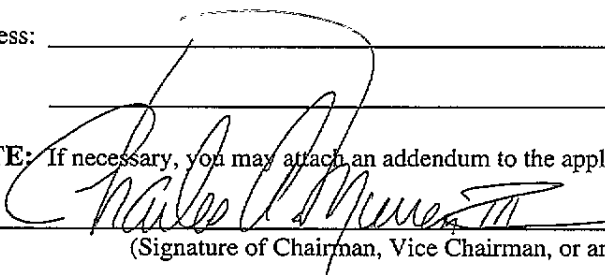
Address: 2275 Highway 20, Grayson, GA 30017

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Charles A. Murren III
(Typed or printed name and capacity of person signing application)

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

DOCKET NUMBER : K92430423
CONTROL NUMBER : K304592
DATE INC/AUTH/FILED: 02/22/1993
JURISDICTION : GEORGIA
PRINT DATE : 08/31/1999
FORM NUMBER : 211

C.A. MURREN & SONS COMPANY, INC.
ATTN: GARY SMITH
POB 897
SNELLVILLE, GA 30078

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia do hereby certify under the seal of my office that

C.A. MURREN & SONS COMPANY, INC.
A DOMESTIC PROFIT CORPORATION

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.



SEP 27 1999

Cathy Cox

Cathy Cox
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA