TO: Qualification The section Division of Corporations

SUBJECT: GCS MECHANICAL, INC.	
(Name of corporation - must include suffix)	•••
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tr. Florida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	ansact Business in above referenced
Please return all correspondence concerning this matter to the following:	300001738913 -03/11/9601068004 *****78.75 *****78.75
J. Brad Conn (Name of Person)	200001778116 -03/11/96/-0/02-003 *****70:00 *****70.00
GCS MECHANICAL, INC.	W16-5366
(Firm/Company)	
P. O. Box 870848, 1835 East Park Place (Address)	95 INS
Stone Mountain, Georgia 30087 (City/State/Zip)	FIL SION OF CI MAR 25
Should you need to call someone concerning this matter, please call:	ED 'OF STATE CAFORATIONS AM 9: 27
J. Brad Conn at (770	465-9900
(Name of Person) (Area Code & Day	time Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

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



Secretary of State

March 12, 1996

J BRAD CONN GCS MECHANICAL, INC. PO BOX 870848 STONE MOUNTAIN, GA 30087

SUBJECT: GCS MECHANICAL, INC. Ref. Number: W96000005366

We have received your document for GCS MECHANICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 696A00010890

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. GCS MECHANICAL, INC.	
(Name of corporation: must include the word *INCORPOR abbreviations of like import in language as will clearly indic person or partnership if not so contained in the name at pre-	ATED", "COMPANY", "CORPORATION" or words or late that it is a corporation instead of a natural sent.)
2. GEORGIA	3. 58-1976566
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 2/10/92 (Date of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
	(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION (Date first transacted business in Florida. (SEE SECTIONS)	\$ 607, L501, 607, L502, AND 817, L55, F.S.)
(, , , , , , , , , , , , , , , , , , ,
7. P. O. Box 870848, Stone Mount	ain, Georgia 30087
(Current mailin	g address)
HEATING, V	TENTICATION & AIR CONDITIONING- TON, COMMERCIAL & INDUSTRIAL
0	
(Purpose(s) of corporation authorized in home state or country Florida)	y to be carried out in the state of
Name and street address of Florida registered acceptable)	50 <u>Hű</u>
Name: John R. Stiefel, Jr., E	Sequire 25 AH
Office Address: 2301 Independent Drive	_ = 6 7
Jacksonville	, Florida ,32202
10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to acceptorporation at the place designated in this application registered agent and agree to act in this capacity. I fall statutes relative to the proper and complete perform accept the obligations of my position as register.	further agree to comply with the provisions of rmance of my duties, and I am familiar with

(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) Nancy M. Hunt Chairman: Address: 545 Wellsley Court, Stone Mountain, Georgia 30087 Vice Chairman: William E. Hunt, Jr. 545 Wellsley Court, Stone Mountain, Georgia 30087 Address: ____ Director: J. Brad Conn Address: 505 Jordan Drive, Tucker, Georgia 30084 Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Nancy M. Hunt Address: 545 Wellsley Court, Stone Mountain, Georgia 30087 Vice President: William E. Hunt, Jr. Address: 545 Wellsley Court, Stone Mountain, Georgia 30087 Secretary: Nancy M. Hunt 545 Wellsley Court, Stone Mountain, Georgia 30087 Treasurer: Nancy M. Hunt Address: _ 545 Wellsley Court, Stone Mountain, Georgia 30087 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Nancy M. Hunt, Chairman

Secretary of State Business Information and Services Suite 315, West Tower 2 Martin Tuther King Dr. Dr.

2 Martin Luther King Ir. Ar. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 960520765
CONTROL NUMBER : 9202471
DATE INC/AUTH/FILED: 02/10/1992
JURISDICTION : GEORGIA
PRINT DATE : 02/21/1996
FORM NUMBER : 211

BRAD CONN P O BOX 870848 STONE MOUNTAIN GA 30087-0022 SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF EXISTENCE

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

GCS MECHANICAL, 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.

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LEWIS A. MASSEY SECRETARY OF STATE