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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| 0 | 36 | ATIONS ORIDA EMS | il Address: |
|----------|------------|----------------------------------|----------------------|
| <u> </u> | 8 PM 8 | FCORPORE SSEE. FL | FOREIGN 1 |
| 2 | 2025 FEB 1 | DEPARTO DIVISION O TALLAND | Certificat Certified |

FOREIGN PROFIT/NONPROFIT CORPORATION

Andy Day Construction, INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

Feb 18, 2025 11:01 To: +18506176383 Page: 2/4 Fax: 18134365206

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. Andy Day Cons | | | | |
|---------------------|--|--|----------------|----------------------------|
| | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION," | | |
| | | | | |
| | | | | |
| | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting business | in Florida) | |
| 2. GA | 3. ry under the law of which it is incorporated) | | | |
| | | | | |
| 4 | 5. | (Date of duration, if other than perpe | | |
| (Dat | e of incorporation) | (Date of duration, if other than perpetual) | | |
| 6 | (Data Sept transported business) | u Daida (Cada ta maistration) | | |
| | (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | |
| 7. 7901 4th St N ST | TE 300 St. Petersburg FL 33702 | | | |
| | | ice street address) | | |
| 7901 4th St N S | TE 300 St. Petersburg FL 33702 | | | |
| | (Current maili | ng address, if different) | | |
| | | | 25 | Ž <u>5</u> |
| 8. Name and stre | et address of Florida registered agent: (P.O | D. Box NOT acceptable) | وغ 1 | 53 |
| Name: | Registered Agents Inc | | 3 - 8 | 937 |
| Office Address: | 7901 4th St N STE 300 | | | |
| Office Address. | St. Petersburg | 33702 | PM 12: 20 | (10 K) (10 K) (10 K) |
| | | , Florida 33702 | 20 | |
| | (City) | (Zip code) | • | 74 |
| 9. Registered ag | gent's acceptance: | | | |
| | | ice of process for the above stated corpora | | |
| | | ment as registered agent and agree to act i relative to the proper and complete perforn | | |
| | r with and accept the obligations of my po | | nunce of my | |
| | | | | |
| | David Solverts | | | |
| - | (Registered agent's s | ignature) | | |
| 10 Ama-badica | nomificate of anistence duly authorities of | not more than 00 days mine to delice | الاعتداد منطفة | inn t- |
| TO. Attached is a | centricate of existence duty authenticated, | not more than 90 days prior to delivery of | uns appucati | ton to |

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Feb 18, 2025 11.01 To: +18506176383 Page: 3/4 Fax: 18134365206

| A. DIRECTORS | | | | |
|--------------------|--|-----------------------|-------------|---------------------------------------|
| □Chairman | Name: | □Chairman | Name: | · · · · · · · · · · · · · · · · · · · |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| ☑Director | 7901 4th St N STE 300 | □ Director | | . |
| President | St. Petersburg FL 33702 | □President | | |
| □Vice President | | □ Vice President | | |
| ☑ Secretary | ☑ Treasurer | □Secretary | | □Treasurer |
| □Other | Other | Other | | □Other |
| □ Chairman | Name: | □Chairman | Name: | |
| | | □Vice Chairman | | |
| | Address: | _ | Address: | |
| Director | | □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 |
| | Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Director or Signature of Director or | nt of State Annual Re | port form. | - |

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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

Anthony Day- President

Control Number: K820618

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

TITITITI

| I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of |
|---|
| my office that |
| |
| ANDY DAY CONSTRUCTION, INC. |
| a Domestic Profit Corporation. |
| The domestic Front 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. |
| U - AN I BY TOO WILL |
| 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. W |
| |
| 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. |
| |
| 1770 |
| |
| Docket Number : 28720432 |
| |

Date Inc/Auth/Filed: 05/29/1998
Jurisdiction: Georgia
Print Date: 02/17/2025
Form Number: 211



Bred Raffingeger

Brad Raffensperger Secretary of State