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(((H250000638163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127

: (800)567-4397 Fax Number : (800)567-4398

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

Email Address: vcefali@urscompliance.com

### FOREIGN PROFIT/NONPROFIT CORPORATION G & H Electrical Contractors & Consultants, Inc.

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\$70.00

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Help

K. SALY

FFB 2 0 2025

From: Kimberly Rogers

# 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.		CTRICAL CONTRACTORS &					
	"Inc.," "Co.," "Co	orporation; must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,				
	(If name unavaila		adopted for the purpose of transacting business in I	Florida)			
2.	GA	3.	75-2972509				
_,		y under the law of which it is incorporated)	(FEI number, if applicable)	-			
4		2 5.	(Date of duration, if other than perpetual)				
	(Date	of incorporation)	(Date of duration, if other than perpetual)	)			
6.	<del></del>						
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7	3449 BRIG	HT STAR RD. DOUGLASVIL	LE, GA 30135				
• •		(Principal off	fice <u>street</u> address)				
		(7)	0 200				
		(Current mails	ng address, if different)	2325			
8.	Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)	TALE B	7		
	Name:	URS AGENTS, LLC	<u>-</u>		, F		
Office Address:		3458 Lakeshore Drive			2 [		
~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tallahassee	Florida 32312				
		(City)	, Florida 32312 (Zip code)	<b>A</b>	2		
9	Registered age	ent's acceptance:					
Н	aving been name	ed as registered agent and to accept serv	rice of process for the above stated corporation	at the plac	:e		
de fu	esignated in this orther avree to co	application, I hereby accept the appoints omply with the provisions of all statutes i	ment as registered agent and agree to act in the relative to the proper and complete performan	us capacity. ice of my du	ıties,		
ai	rd I am familiar	with and accept the obligations of my po	osition as registered agent.				
Lelli XAllara							
(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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

To: FLORIDA SOS . H250000638163

A. DIRECTORS						
□Chairman Name: ANDREW HESTER	Chainnan Name:					
□Vice Chairman Address: 3449 BRIGHT STAR RD.	□Vice Chairman Address.					
DOUGLASVILLE	Director					
☑President GA 30135	□President					
□Vice President	□Vice President					
□Sccretary □Treasurer	☐Secretary ☐Treasurer					
Other Owner	Other					
☐ Chairman Name:	□Chairman Name: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
Director	Director 50 10					
President	□President					
□Vice President	□ President □ Vice President □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
☐Secretary ☐Treasurer	Secretary Treasurer					
Other	Other					
Chairman Name:	OChairman Name:					
Vice Chairman Address:	Vice Chairman Address:					
Director	□ Director					
President	President					
Vice President	□Vice President □Secretary □Treasurer					
Secretary Treasurer	□Secretary □Treasurer □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 your Florida Department of State Annual Report form.  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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.  Androwy Hauter, President						
13. Andrew Hester, President  (Typed or printed name and capacity of personal capacity of per	on signing application)					

From: Kimberly Rogers

H250000638163

Control Number: 0230676

## 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

#### G & H ELECTRICAL CONTRACTORS & CONSULTANTS, 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 : 28740821 Date Inc/Auth/Filed: 06/13/2002 Jurisdiction : Georgia : 02/19/2025 Print Date

Form Number : 211



Brad Raffons

Brad Raffensperger Secretary of State