



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 APR 18 AM 10:43

**Application for Certificate of Authority**  
**Foreign Business Corporation**  
 Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. The name of the corporation is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |
| National Custom Corporate Services Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |
| 2. It is incorporated under the laws of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Georgia   |
| 3. The name, if different, which it elects to use in Rhode Island is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| <p>(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:</p> <p>(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:</p> |           |
| 4. The date of its incorporation is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7/23/2009 |
| And the period of its duration is: CHECK ONLY ONE BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| <input type="checkbox"/> Date certain for dissolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| 5. The address of its principal office is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| 3120 Medlock Bridge Rd, Building F Suite 150, Norcross, GA 30071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |

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|                                                                                    |                              |                          |
|------------------------------------------------------------------------------------|------------------------------|--------------------------|
| 6. The name and address of the initial registered agent/office of in Rhode Island: |                              |                          |
| Agent Name <b>Legalinc corporate services Inc</b>                                  |                              |                          |
| Street Address (NOT a P.O. Box) <b>222 Jefferson Blvd, Suite 200</b>               |                              |                          |
| City/Town<br><b>Warwick</b>                                                        | State<br><b>RHODE ISLAND</b> | Zip Code<br><b>02888</b> |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: |
| <b>Construction Services</b>                                                                               |

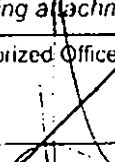
| 8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated): |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| NAME                                                                                                                                                                     | ADDRESS                                       |
| <b>William Lietch Heaner III</b>                                                                                                                                         | <b>4320 Dove Point, Berkley Lake GA 30096</b> |
|                                                                                                                                                                          |                                               |
|                                                                                                                                                                          |                                               |
|                                                                                                                                                                          |                                               |

|                                                                   |
|-------------------------------------------------------------------|
| Check the box to indicate an attachment. <input type="checkbox"/> |
|-------------------------------------------------------------------|

| 8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated): |                              |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------|
| OFFICE                                                                                                                                                                            | NAME                         | ADDRESS                                        |
| PRESIDENT                                                                                                                                                                         | <b>Andrew Charles Heaner</b> | <b>1550 Bakers Glen Dr, Dunwoody, GA 30350</b> |
| VICE PRESIDENT                                                                                                                                                                    | <b>Andrew Charles Heaner</b> | <b>1550 Bakers Glen Dr, Dunwoody, GA 30350</b> |
| TREASURER                                                                                                                                                                         | <b>Andrew Charles Heaner</b> | <b>1550 Bakers Glen Dr, Dunwoody, GA 30350</b> |
| SECRETARY                                                                                                                                                                         | <b>Andrew Charles Heaner</b> | <b>1550 Bakers Glen Dr, Dunwoody, GA 30350</b> |

|                                                                   |
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| Check the box to indicate an attachment. <input type="checkbox"/> |
|-------------------------------------------------------------------|

| 9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: |            |        |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|---------------------------------|
| NUMBER OF SHARES                                                                                                                                                               | CLASS      | SERIES | PAR VALUE OR STATE NO PAR VALUE |
| <b>500</b>                                                                                                                                                                     | <b>CWP</b> |        | <b>\$1.0000</b>                 |
|                                                                                                                                                                                |            |        |                                 |
|                                                                                                                                                                                |            |        |                                 |
|                                                                                                                                                                                |            |        |                                 |
|                                                                                                                                                                                |            |        |                                 |

|                                                                                                                                                                                                                                                                                                                                                                                        |                                          |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------|
| 10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located                                                                                                                                                                                                                                                        |                                          |         |
| \$ 17,000                                                                                                                                                                                                                                                                                                                                                                              |                                          |         |
| (b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:                                                                                                                                                                                                                                                         |                                          |         |
| \$ 0                                                                                                                                                                                                                                                                                                                                                                                   |                                          |         |
| (c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. <i>Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.</i>                    |                                          |         |
| 0 %                                                                                                                                                                                                                                                                                                                                                                                    |                                          |         |
| 11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.                                                                                                                                                                                                                                                              |                                          |         |
| \$ 3,000,000                                                                                                                                                                                                                                                                                                                                                                           |                                          |         |
| (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.                                                                                                                                                                                                                    |                                          |         |
| \$ 15,000                                                                                                                                                                                                                                                                                                                                                                              |                                          |         |
| (c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> |                                          |         |
| 5 %                                                                                                                                                                                                                                                                                                                                                                                    |                                          |         |
| 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.                                                                                                                               |                                          |         |
| 13. Date when the Certificate of Authority will be effective: <b>CHECK ONLY ONE BOX</b>                                                                                                                                                                                                                                                                                                |                                          |         |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                                                                                                                                                        |                                          |         |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____                                                                                                                                                                                                                                                                         |                                          |         |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.                                                                                                                                                              |                                          |         |
| Signature of Authorized Officer of the Corporation                                                                                                                                                                                                                                                                                                                                     | Type or Print Name of Authorized Officer | Date    |
|                                                                                                                                                                                                                                                                                                     | Andrew C. Heaner                         | 4/16/18 |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

# 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, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### NATIONAL CUSTOM CORPORATE SERVICES 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 : 15747143  
Date Inc/Auth/Filed: 07/23/2009  
Jurisdiction : Georgia  
Print Date : 04/17/2018  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

April 18, 2018 10:43 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

