CLERK OF SUPERIOR COURT

REGISTRATION OF TRADE NAME

(PURSUANT TO GA CODE 10-1-490)

Trade Name 2021 JUH 10 AM 10: 03 606K/2 \$160.00 Filing Fee CINDY I SON, OLF RESENTATION FEE \$45.00 Publication Fee	-
\$45.00 Publication Fee	

STATE OF GEORGIA)

COUNTY OF COLUMBIA)

X NEW ___AMENDMENT ___CANCELLATION

	AFFIDAVIT OF BUSINESS	CONDUCTED UNI	DER TRADE NAME	
1 / VV C,	Reconstruction and Restoration, LI	i	hereby certify that (I AM) or (WE ARE) the owner(s)
of a certain business in Colu	mbia County, Georgia, now being car	ried on as follows:		
GEORGIA TRADE NAME OF:	ATI Restoration Augusta		-	
ADDRESS:	664 S. Old Belair Rd., Suite A, Gro	ovetown, GA 30813	CONTACT NUMBER:	(714) 283-9990
NATURE OF BUSINESS:	Restoration and construction servi	ces		
The business is composed of t	he following person/persons/corpora	ation:		
NAME(S):		ADDRESS(ES):	
Poole's Reconstructio	n and Restoration, LLC	664 S. Old	d Belair Rd., Suite A, G	rovetown, GA 30813
Inis Lav	1	As its:	Jeffrey Moore	
	nt of trade name registration is true a		ndersigned officer, who	swears under oath that the
Thisday cf	, 20			
	('Notary Seal)		ched Notary ment Certificate	
My Commission Expires:			-	

*NOTE: THE ACT REQUIRES THAT THIS NOTICE BE PUBLISHED ONCE A WEEK FOR TWO WEEKS IN THE PAPER WHICH THE SHERIFF'S ADVERTISEMENTS ARE PRINTED. (The Augusta Chronicle) ALSO: Upon change of ownership, a new and amended registration must be filed.

Money Order/Certified Bank Check Payable to the Clerk of Superior Court in the amount of \$205.00 for filing and publication costs

RECORDED & SCANNED IN MINUTES & 6-14-24

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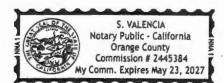
CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Cali	ifornia		}
County of	orange		}
On	MAY 2 2 2024	before me,	S. Valencia, Notary Public
	Date		Here Insert Name and Title of the Officer
personally a	ppeared	Jeff	Moore
			Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

paragraph is true and correct.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing

Place Notary Seal and/or Stamp Above

Signature of Notary Public

	OPTI	ONAL -	
•	Completing this information can of fraudulent reattachment of this		
Description of A	ttached Document		
Title or Type of I	Document:		
Document Date: _			Number of Pages:
Signer(s) Other T	han Named Above:		
Capacity(ies) Cla	aimed by Signer(s)		
	aimed by Signer(s)	Signer's Name:	
Signer's Name: _			
Signer's Name: _ □ Corporate Office		☐ Corporate Offic	er – Title(s): mited □ General
Signer's Name: _ □ Corporate Offic □ Partner - □ Li	cer – Title(s):	☐ Corporate Offic☐ Partner — ☐ Lin☐ Individual	er – Title(s): mited General Attorney in Fact
Signer's Name: _ □ Corporate Offic □ Partner - □ Li □ Individual	cer – Title(s): mited □ General	☐ Corporate Offic☐ Partner — ☐ Lin☐ Individual	er – Title(s): mited 🗆 General
Signer's Name: _ Corporate Offic Partner - D Li Individual Trustee	cer – Title(s): mited	☐ Corporate Offic ☐ Partner — ☐ Lindividual ☐ Trustee	er – Title(s): mited General Attorney in Fact

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