CITY OF WALTHOURVILLE

The Honorable Mayor Sarah B. Hayes, Presiding

August 25, 2026 @ 6:00 PM
Walthourville Police Department

The Honorable Mitchell Boston, Mayor Pro Tem — **The Honorable Patrick Underwood**
The Honorable Bridgette Kelly — **The Honorable Luciria Luckey Lovette**
The Honorable Robert (Bob) Dodd
Mr. Luke R. Moses — **City Attorney**

AGENDA

I.	**Call to Order**	**Mayor Sarah B. Hayes**
II.	**Roll Call**	**City of Walthourville**
III.	**Invocation**	**Appointee**
IV.	**Pledge of Allegiance**	**In Unison**
V.	**Approval of Agenda**	**Councilmembers**
VI.	**Approval of Minutes**	**Councilmembers**

- **August 11, 2026, Summary Minutes of Personnel Study Meeting.**
- **August 11, 2026, Regular Meeting Minutes**

VII. Presentations

VIII. Agenda Items:

1. Liberty County Emergency Management Agency — **Director Robert Dodd**
Liberty County Multi-Jurisdictional Hazard Mitigation Plan. For the Mayor and Council to authorize adoption of the 2026 Multi-Jurisdictional Hazard Mitigation Plan.

2. LCPC — **Ms. Lori Parks**
Business License Request for Compass Healthcare Talent Solutions for Ms. Nateisha Magruder.

3. LCPC — **Ms. Lori Parks**
Business License Request for Donado's Drywall & Home Remodeling LLC.

4. City of Walthourville — **Mayor Sarah B. Hayes**
SPLOST 8 Update.

5. City of Walthourville — **Mayor Sarah B. Hayes**
Park and Recreation Update.

IX. Citizens Comments — **Walthourville Citizens**

Each citizen is allocated three (3) minutes.

X. Department Heads Reports

Mr. Dave Martin	Public Works
Mr. Patrick Golphin	Water Department
Chief Nicolas Maxwell	Fire Department
Chief Christoper Reed	Police Department

XI. Elected Officials Comments

Mayor Pro Tem Mitchell Boston

Councilmember Patrick Underwood

Councilmember Bridgette Kelly

Councilmember Luciria Luckey Lovette

Councilmember Robert Dodd

XII. Mayor's Updates — **Mayor Sarah B. Hayes**

XIII. Executive Session — **None**

XIV. Adjournment — **Councilmembers**

When an Executive Session is warranted, it is called for the following:
(Litigation, Personnel and Real Estate) O.C.G.A. § (50-14-1)

CITY OF WALTHOURVILLE

The Honorable Mayor Sarah B. Hayes, Presiding

August 25, 2026 @ 6:00 PM
Walthourville Police Department

The Honorable Mitchell Boston, Mayor Pro Tem — **The Honorable Patrick Underwood**
The Honorable Bridgette Kelly — **The Honorable Luciria Luckey Lovette**
The Honorable Robert (Bob) Dodd
Mr. Luke R. Moses — **City Attorney**

AGENDA

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VI.	**Approval of Minutes**	**Councilmembers**

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XI. Elected Officials Comments

Mayor Pro Tem Mitchell Boston

Councilmember Patrick Underwood

Councilmember Bridgette Kelly

Councilmember Luciria Luckey Lovette

Councilmember Robert Dodd

XII. Mayor's Updates	**Mayor Sarah B. Hayes**
XIII. Executive Session	**None**
XIV. Adjournment	**Councilmembers**

When an Executive Session is warranted, it is called for the following:
(Litigation, Personnel and Real Estate) O.C.G.A. § (50-14-1)

RESOLUTION NUMBER: 2026HMP0825

A RESOLUTION ADOPTING THE LIBERTY COUNTY MULTI-JURISDICTIONAL HAZARD MITIGATION PLAN

WHEREAS, The City of Walthourville, Georgia, has participated in the development of the Liberty County Multi-Jurisdictional Hazard Mitigation Plan in accordance with the Disaster Mitigation Act of 2000 (Public Law 106-390) and Title 44 Code of Federal Regulations §201.6; and

WHEREAS, the Plan assesses natural and human-caused hazards and identifies mitigation actions to reduce future risk to life, property, and critical infrastructure; and

WHEREAS, adoption of the Plan is required to maintain eligibility for Federal Emergency Management Agency mitigation grant programs, including HMGP, FMA, and BRIC;

NOW, THEREFORE, BE IT RESOLVED that the governing body of **The City of Walthourville,** hereby adopts the Liberty County Multi-Jurisdictional Hazard Mitigation Plan dated **August 25, 2026** and commits to implementing the mitigation actions applicable to this jurisdiction.

Adopted this 25th day of August, 2026.

Signature:

_____ _____

Sarah B. Hayes, Mayor

Shana T. Moss, City Clerk

City Seal

Liberty Consolidated Planning Commission – Report

Governing Authority: The City of Walthourville

Mayor & Council Date: August 25, 2026

Business License: Compass Healthcare Talent Solutions

Business Owner: Nateisha Magruder

Address: 25 Broad Leaf Road, Parcel 064A049

Zoned: MFR (Multi-family Residential)

Comments: Using room in the home to run the business only

Recommendation: APPROVAL

LCPC Staff: Lori Parks 8-18-26

Lori Parks
Zoning Administrator

Date

City of Walthourville Business License Division

DELIVER COMPLETED APPLICATION TO

LIBERTY COUNTY PLANNING COMMISSION (LCPC)

100 MAIN STREET, SUITE 7520, HINESVILLE, GA 31313

Application for corporation or Limited Liability Company LLC

Occupation Tax Certificate

*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: (X) New Application

( ) Ownership Change / Date ownership changed & Certificate #_____

( ) I am filling a name/or address change for Certificate#_____

Name business as Compass Healthcare Talent Solutions

Business Phone#( ) ~~(912) 402-2907~~ NM (706) 495-3989

Name of Corporation/LLC* Compass Healthcare Talent Solutions LLC

Business Address 25 Broad Leaf Rd Allenhurst, GA 31301

Mailing Address Same as above

Home Address 25 Broad Leaf Rd City Allenhurst State GA Zip 31301

Email Address nateisha@compassheathcaretalent.com

Full Detailed Description of Business

Healtcare recruitment and talent acquisition consulting firm specializing in direct-hire placement of healthcare professionals for healthcare organizations.

Number of employees (including ownership) in City of Walthourville 2

E-verify# (Required if 11 or more employees) N/A

State Sales Tax ID# N/A Federal ID # 42-4501024

Owner Name Nateisha Magruder SS#_____ DOB 12/04/1979

DOES THIS BUSINESS REQUIRE A STATE LICENSE? _____ (YES) X (NO)

(Please attach a copy of your state license or certification)

*** All electrical, mechanical, plumbing, well drilling contractors, salon, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before insurance.

***All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.

FOR OFFICE USE ONLY

ZONING DEPT (✓) APPROVED ( ) DISAPPROVED BY Lori Parks DATE 8-18-26

FIRE DEPT ( ) APPROVED ( ) DISAPPROVED BY _____ DATE _____

CITY COUNCIL ( ) APPROVED ( ) DISAPPROVED BY _____ DATE _____

BUSINESS LICENSE DEPT DATE RECEIVED _____

BUSINESS LICENSE ISSUANCE DATE _____

Mailing Address: P.O Box K, Walthourville, GA 31333

Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501

Web site address: www.cityofwalthourville.com

City of Walthourville Business License Division

APPLICATION FOR CHANGE IN LICENSE

FOR THE YEAR _____ DATE _____ ACCOUNT NUMBER _____

$25.00 CHARGE FOR RELOCATION

$25.00 CHARGE FOR NAME CHANGE OF BUSINESS

INDICATE THE CHANGE YOU ARE APPLYING FOR:

( ) NAME

( ) ADDRESS

( ) NAME AND ADDRESS

CURRENT INFORMATION OF BUSINESS:

Current business name_____

Address: _____

Owner: _____

Manager: _____

Nature of business: _____

Phone number: _____

COMPLETE ONLY THE SPACE THAT WOULD APPLY TO YOUR CHANGE:

New name of business: _____

New address of business: _____

New manager: _____

New phone number: _____

The undersigned affirms that the above statements are true and correct to the best of his/her knowledge and belief.

This _____ day of _____, _____ _____

AUTHORIZED SIGNATURE OF APPLICANT

PERSONNALLY before the undersigned appeared

_____

who on Oath has sworn that the above information given therein is true and correct.

Sworn and subscribed before me this _____day of _____, _____

STATE OF _____ COUNTY OF _____ CITY OF _____

_____

NOTARY PUBLIC

Mailing Address: P.O Box K, Walthourville, GA 31333
Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501
Web site address: www.cityofwalthourville.com

City of Walthourville Business License Division

Are you, the applicant, the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? NO If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

_____

_____

NM (initals) If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant may be parked at the residence.

NM (initals) I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

NM (initals) I will comply with the Zoning Restrictions stated above.

I Nateisha Magruder, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operate in compliance with all applicable state, federal and local laws, ordinances and regulations, and that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate and enforce laws, ordinances and regulations. I understand that all decisions of the Business License Division may be appealed to the City of Walthourville.

This_____day of_____, 20____.

Legibly print name Nateisha Magruder

Signature of applicant_____

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 064A 049 Zoning Classification MFR

Approved by: Lori Parks Date Approved:_____

Date the request will be presented to Mayor and Council: 8-25-24

*****APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

Mailing Address: P.O Box K, Walthourville, GA 31333 **Phone: (912) 368-7501**

Office Location: 222 Busbee Road, Walthourville, GA 31333 **Web site address:** www.cityofwalthourville.com

CITY OF WALTHOURVILLE BUSINESS LICENSE DIVISION – LAWFUL PRESENCE AFFIDAVIT

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) __X__ I am a United States Citizen.
2) _____ I am a legal permanent resident of the United States.
3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the____day of _____, 20____ in_____(city), _____(state).

_____
*Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

_____

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

Mailing Address: P.O Box K, Walthourville, GA 31333
Office Location: 222 Busbee Road, Walthourville, GA 31333
Phone: (912) 368-7501
Web site address: www.cityofwalthourville.com

CITY OF WALTHOURVILLE BUSINESS LICENSE DIVISION – PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ___✓___ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____ Date of
Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ___, 20_____ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

_____ NOTARY PUBLIC

My Commission Expires: _____

---

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

PRISYM by Liberty County

8/18/2026, 12:11:53 PM

Roads

Parcels

1:2,661

0 105 210 420 ft

0 30 60 120 m

25 BROAD LEAF PARCEL 064A049 HAMPTON RIDGE SUBDIVISION

Liberty Consolidated Planning Commission – Report

Governing Authority: The City of Walthourville

Mayor & Council Date: August 25, 2026

Business License: Donado's Drywall & Home Remodeling LLC

Business Owner: Jose Donado

Address: 17 Kevin Road, Parcel 050A004

Zoned: SFMH (Single-family Manufacture Home)

Comments: Using room in the home to run the business only

Recommendation: APPROVAL

LCPC Staff: Lori Parks 2-18-26

Lori Parks
Zoning Administrator

Date

City of Walthourville Business License Division

Application for corporation or Limited Liability Company LLC
Occupation Tax Certificate

LCPC

*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: (X) New Application
( ) Ownership Change / Date ownership changed & Certificate #_____
( ) I am filling a name/or address change for Certificate#_____

Name business as Donado's Drywall & Home Remodeling LLC
Business Phone#( ) 912-596-8086
Name of Corporation/LLC*
Business Address 17 Kevin Rd
Mailing Address 17 Kevin Rd
Home Address 17 Kevin Rd City Hinesville State GA Zip 31313
Email Address Donadoshomeremodeling@gmail.com
Full Detailed Description of Business
Drywall & Home remodeling paint, floor, ceramic tile
Number of employees (including ownership) in City of Walthourville 2
E-verify# (Required if 11 or more employees)
State Sales Tax ID# Federal ID #
Owner Name Jose Donado SS# DOB 03/08/1994
DOES THIS BUSINESS REQUIRE A STATE LICENSE? _____ (YES) ✓ (NO)
(Please attach a copy of your state license or certification)

*** All electrical, mechanical, plumbing, well drilling contractors, salon, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before insurance.
***All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.

FOR OFFICE USE ONLY

ZONING DEPT ✓ APPROVED ( ) DISAPPROVED BY Lori Parks DATE 8-18-26
FIRE DEPT ( ) APPROVED ( ) DISAPPROVED BY _____ DATE _____
CITY COUNCIL ( ) APPROVED ( ) DISAPPROVED BY _____ DATE 8-25-24
BUSINESS LICENSE DEPT DATE RECEIVED _____
BUSINESS LICENSE ISSUANCE DATE _____

Mailing Address: P.O Box K, Walthourville, GA 31333 **Phone: (912) 368-7501**
Office Location: 222 Busbee Road, Walthourville, GA 31333 **Web site address:** www.cityofwalthourville.com

City of Walthourville Business License Division

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FOR THE YEAR _____ DATE _____ ACCOUNT NUMBER _____

$25.00 CHARGE FOR RELOCATION

$25.00 CHARGE FOR NAME CHANGE OF BUSINESS

INDICATE THE CHANGE YOU ARE APPLYING FOR:

( ) NAME

( ) ADDRESS

( ) NAME AND ADDRESS

CURRENT INFORMATION OF BUSINESS:

Current business name_____

Address: _____

Owner: _____

Manager: _____

Nature of business: _____

Phone number: _____

COMPLETE ONLY THE SPACE THAT WOULD APPLY TO YOUR CHANGE:

New name of business: _____

New address of business: _____

New manager: _____

New phone number: _____

The undersigned affirms that the above statements are true and correct to the best of his/her knowledge and belief.

This _____ day of _____, _____ _____

AUTHORIZED SIGNATURE OF APPLICANT

PERSONNALLY before the undersigned appeared

_____

who on Oath has sworn that the above information given therein is true and correct.

Sworn and subscribed before me this _____day of _____, _____

STATE OF _____ COUNTY OF _____ CITY OF _____

_____

NOTARY PUBLIC

Mailing Address: P.O Box K, Walthourville, GA 31333 **Phone: (912) 368-7501**

Office Location: 222 Busbee Road, Walthourville, GA 31333 **Web site address:** www.cityofwalthourville.com

City of Walthourville Business License Division

Are you, the applicant, the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? ND If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

_____

_____

JD (initals) If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant may be parked at the residence.

JD (initals) I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

JD (initals) I will comply with the Zoning Restrictions stated above.

I Jose Donado, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operate in compliance with all applicable state, federal and local laws, ordinances and regulations, and that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate and enforce laws, ordinances and regulations. I understand that all decisions of the Business License Division may be appealed to the City of Walthourville.

This 10 day of August, 2026.

Legibly print name Jose Donado

Signature of applicant _____

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 050A 004 Zoning Classification SFm H

Approved by: Lori Parks Date Approved: 8-10-26

Date the request will be presented to Mayor and Council: 8-25-26

*****APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

Mailing Address: P.O Box K, Walthourville, GA 31333 **Phone: (912) 368-7501**
Office Location: 222 Busbee Road, Walthourville, GA 31333 **Web site address:** www.cityofwalthourville.com

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O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1)_____✓_____ I am a United States Citizen.

2)_____ I am a legal permanent resident of the United States.

3)_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the____day of _____, 20____ in_____(city), _____(state).

_____

*Signature of Applicant

_____

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20____

_____

NOTARY PUBLIC
My Commission Expires:

_____

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

Mailing Address: P.O Box K, Walthourville, GA 31333 **Phone: (912) 368-7501**
Office Location: 222 Busbee Road, Walthourville, GA 31333 **Web site address:** www.cityofwalthourville.com

CITY OF WALTHOURVILLE BUSINESS LICENSE DIVISION – PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ___✓___ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____ Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ___, 20_____ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

_____ NOTARY PUBLIC

My Commission Expires: _____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Control Number : 25144404

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Donado's Drywall & Home Remodeling LLC
a **Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **07/18/2025** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **07/25/2025**.

Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 7/18/2025 6:15:17 PM

BUSINESS INFORMATION

CONTROL NUMBER	25144404
BUSINESS NAME	Donado's Drywall & Home Remodeling LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	07/18/2025

PRINCIPAL OFFICE ADDRESS

ADDRESS	3801 US Hwy 17, Ste 500, 1103, Richmond Hill, GA, 31324, USA

REGISTERED AGENT

NAME	ADDRESS	COUNTY
United States Corporation Agents, Inc.	11175 Cicero Drive, Suite 100, Alpharetta, GA, 30022, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Jose Donado	ORGANIZER	3801 US Hwy 17, Ste 500, 1103, Richmond Hill, GA, 31324, USA

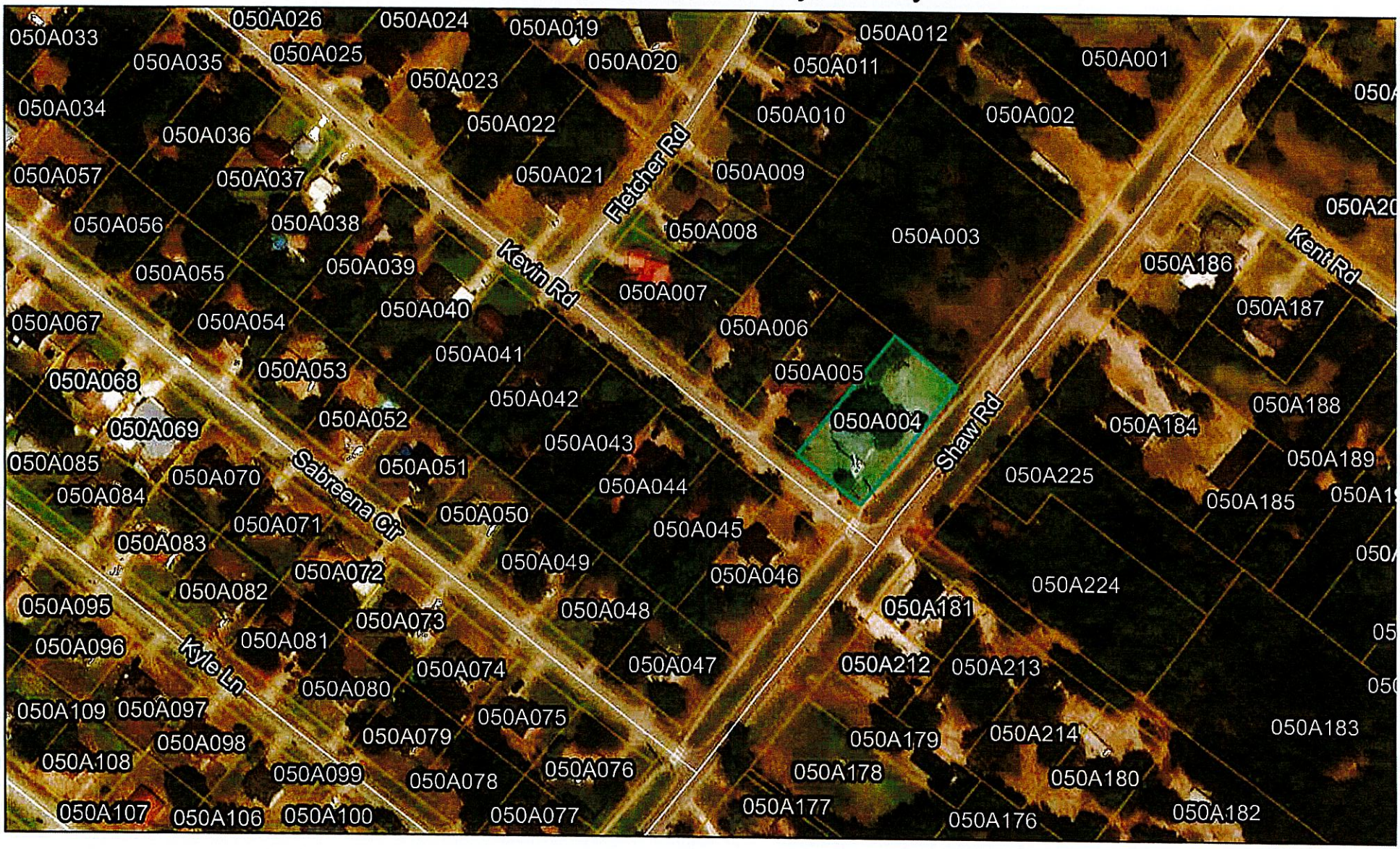
OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Jose Donado
AUTHORIZER TITLE	Organizer

PRISYM by Liberty County



8/18/2026, 12:33:02 PM

Roads

Parcels

1:2,430

0 95 190 3

0 25 50 100 m

Vantor

Assessors' O

Liberty County

Agenda Item # 4

SPLOST Projects

Mayor Sarah B. Hayes

Agenda Item # 5

Parks and Recreation

Mayor Sarah B. Hayes