Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

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FOREIGN PROFIT QUALIFICATION

Poorak & Blevins, Inc.

Certificate of Status	0
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Page Count	05
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TRANSMITTAL LETTER

TO: Registration : Division of C SUBJECT: Poorsi	orporations .			
SUBJECT:		ation - must include suffix)	· · · · · · · · · · · · · · · · · · ·	•
Dear Sir or Madam:				
	eation by Foreign Corporation nee", and check are submitted a Florida.			
Please return all corre	spondence concerning this ma	tter to the following:		
Ken Bicvins				
	(Name	of Person)		
Poorak & Blavins, Inc.				
	(Firm/	Company)		
343 Salem Gate Drive,	SE, Suite 203			
	(A	ddress)		•
Conyers GA 30013				
	(City/Sta	te and Zip code)		
For further information	n concerning this matter, pleas	se call:		SECULIARY IN SOLUTION SOLUTION IS
Ken Blevins	at (678) 759-1020	<u> </u>	
(Name of Per	son) (Arc	a Code & Daytime Telephone	Number)	
			•	੍ਹਿ _ੱ ਹ
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines St. Tallahassec, FL 32399	ne	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	the following amount:			
O \$76.00 Filing Fee	Certificate of Status	S78.75 Filing Foe & Cortified Copy	S87.50 Filing Fee, Certificate of Status &	5

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.

Georgie		3, 58-1997245	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
6/3/1992		5. Perpetual	<u></u>
(Da	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	,
Upon Qualific	ation		***
(Date first trans		s not transacted business in Florida, insert "upon qualification ISB1, 607.1502 and 817.155, F.S.)	r)
343 Salem Gat	e Drive, SE, Suite 203, Conyert GA 30013		
	(Principal office	address)	
343 Salem Gat	e Drive, SE, Suite 203, Conyers GA 30013		_
	(Current mailing	address)	
General Contr	zctine - Construction		
General Contr	zeting - Construction (s) of corporation authorized in home state or	or country to be carried out in state of Florida)	
(Purpose	(s) of corporation authorized in home state of	<u>;</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Purpose	(s) of corporation authorized in home state of	or country to be carried out in state of Florida) nt: (P.O. Box or Mail Drop Box NOT acceptable)	- ATT.
(Purpose	(s) of corporation authorized in home state of	<u>;</u>	
(Purpost . Name and gi . Name:	(s) of corporation authorized in home state of reet address of Florids registered age. CT Corporation System	<u>;</u>	
(Purpost . Name and gi . Name:	(s) of corporation authorized in home state of reet address of Florids registered age.	<u>;</u>	
(Purpost Name and gi Name:	(s) of corporation authorized in home state of reet address of Florids registered age. C T Corporation System 1200 South Pine Island Road, Plantation,	nt; (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida 33324	
(Purpost . Name and gi . Name:	(s) of corporation authorized in home state of reet address of Florida registered age. CT Corporation System 1200 South Pine Island Road,	nt; (P.O. Box or Mail Drop Box NOT acceptable)	
(Purpose Name and gi Name: ffice Address:	(s) of corporation authorized in home state of reet address of Florida registered age. C T Corporation System 1200 South Pine Island Road, Plantation, (City)	nt; (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida 33324	
(Purpose Name and gi Name: ffice Address:), Registered	(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance:	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida <u>33324</u> (Zip code)	he plan
(Purpose Name and gi Name: ffice Address:), Registered aving been na	(s) of corporation authorized in home state of reet address of Florida registered age. C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida <u>33324</u> (Zip code) ervice of process for the above stated corporation at the	he plan
(Purpose Purpose Name and gi Name: office Address: Office Address: Office Address: Office Address: Office Address: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age. CT Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo comply with the provisions of all statut	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida <u>33324</u> (Zip code) ervice of process for the above stated corporation at the interest as registered agent and agree to act in this cases relative to the proper and complete performance of	p acity
(Purpose Purpose Name and gi Name: Office Address: Office Address: Office Address: Office Address: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age. C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable) , Florida <u>33324</u> (Zip code) ervice of process for the above stated corporation at the interest as registered agent and agree to act in this cases relative to the proper and complete performance of	p acity
(Purpose). Name and gi Name:)ffice Address: 0. Registered laving been na esignated in the latter agree to	(s) of corporation authorized in home state of reet address of Florida registered age. C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I kereby accept the apportant comply with the provisions of all statut familiar with and accept the obligation.	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) service of process for the above stated corporation at the interest as registered agent and agree to act in this cases relative to the proper and complete performance of as of my position as registered agent.	pacity f my
(Purpose Purpose Name and gi Name: Office Address: Office Address: Office Address: Office Address: Office Address: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age. C T Corporation System 1200 South Pine Island Road, Plantation, (City) agent's acceptance: med as registered agent and to accept so is application, I kereby accept the apportant comply with the provisions of all statut familiar with and accept the obligation.	nt: (P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) ervice of process for the above stated corporation at this interest as registered agent and agree to act in this cases relative to the proper and complete performance of as of my position as registered agent.	pacity f my

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chsimnan:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director.	200
Address:	
B. OFFICERS	
President: Ken Blevins	<u></u>
Address: 343 Salem Gate Drive, SE, Suite 203	(H)
Conyers GA 30013	
Vice President:	
Address:	
Secretary: Tracic Plevina	
Address: 343 Salem Gate Drive, SE, Suite 203, Convers GA 30013	
Treasurer:	*
Address:	
NOTE: If necessary, you may attack an addendum to the application listing addition	nual officers and/or directors.
Ma Colle	
(Signature of Chairman, Vice Chairman, or any officer listed in num	nber 12 of the application)
14. Ken Blovins, President	
(Typed or printed name and capacity of person signing appl	ication)

. . . .

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K210926
DATE INC/AUTH/FILED: 06/03/1992
JURISDICTION : GEORGIA
PRINT DATE : 08/08/2003
FORM NUMBER : 211

CT CORPORATION SYSTEM CHANTELLE COLBERT 1201 PEACHTREE STREET, N.B. ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of the state of Georgia, do hereby certify under the seal of my office than as of the above than date

coronale profit corporation

is in compliance with the applicable filing and abnual registration provisions of Title 14 of the Official Compliance Compliance of the Official Compliance Compliance of the Official Compliance Compliance of the Official Compliance of th

Said entity was formed in the jurisdiction littated chouse or was authorized to transact business in Georgiason is making and has but filed articles of dissolution, certificate of Calcellation of the principle document with the Office of the Secretary of these.

This certificate telates of to the equal first size of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application to we have a statement of commencement of winding up or any other semilar document was been filed or is pending with the Secretary of State.

This information is electronically transmited, issued and certified in accordance with the Georgia Field 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.

20030808185210252



Cathy Cox Secretary of State