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(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WH- 2500				





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SECRETARY OF STATE

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJ	ECT: G T Distributors of Georg	ia, Inc.	
		n - must include suffix	
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good State referenced foreign corporation to transact busing	nding" and check are subm	
Please	return all correspondence concerning this matte	er to the following:	
Pres	ton Wheeless		
	Name of	f Person	
G T	Distributors of Georgia, Inc.		
	Firm/Co	mpany	·
100	McFarland Avenue		
	Add	ress	
Ross	sville, GA 30741		
-	City/State	and Zip code	
txbids	@gtdist.com		
	E-mail address: (to be used	for future annual report no	tification)
For furt	her information concerning this matter, please	call:	
Prest	on Wheeless at (512	₎ 451-8298	
		Code & Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 d is a check for the following amount:	MAILING AD New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations
	0.00 Filing Fee \$\int \frac{\partial \text{S78.75 Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

NOV LO DE

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.

(Enter name of corporation; must include "INCORPORATI	ED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	,,
·	
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
Georgia	3, 20-5104876
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
5/11/2006	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
3/31/2011	
(Date first transacted busines	ss in Florida, if prior to registration)
(SEE SECTIONS 607,1501 & 607	7.1502, F.S., to determine penalty liability)
100 McFarland Avenue, Rossville, GA	30741
(Principal office a	address)
PO Box 458, Rossville, GA 30741-04	158
(Current mailing a	address)
Owner the use of Destricts Out to East	<u>m</u>
Suppliers of Public Safety Equipment	
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
Name and street address of Florida registered agent: (F	P.O. Box NOT acceptable)
Name: InCorp Services, Inc.	
ice Address: 17888 67th Court North	<u>.</u>
Levebetebee	, Florida 33470
Loxahatchee	Florida 00470

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ch on behalf of InCorp Services, Inc.
(Registered agent's signature)

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.



11 MAY -9 PM 4:55 12. Names and business addresses of officers and/or directors: A. DIRECTORS SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: Address: ___ Director: _ Address: ___ Director: ___ Address: ___ **B. OFFICERS** President: William J. Orr, Jr. Address: 2545 Brockton Drive, Suite 100 Austin, TX 78758 Vice President: Timothy R. Brown Address: 2545 Brockton Drive, Suite 100 Austin, TX 78758 Secretary: Deborah S. Orr Address: 2545 Brockton Drive, Suite 100, Austin, TX 78758 Treasurer: Deborah S. Orr Address: 2545 Brockton Drive, Suite 100, Austin, TX 78758 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Leworah & Ola Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

14. Deborah S. Orr, Secretary/Treasurer

(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF

EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Chereby certify under the seal of my office that

GT DISTRIBUTORS OF GEORGIA, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/11/2006 in Georgia. Said entity 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



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 10th day of May, 2011

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 7464805-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp