

**F96000006905**

**TRANSMITTAL LETTER**

TO: Qualification/Tax Lien Section  
Division of Corporations

W-29-170

SUBJECT: I.C. GALT WERKES, INC.  
(Name of corporation - must include suffix)

pg 464

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARILYN FREEMAN  
(Name of Person)  
I.C. GALT WERKES, INC  
(Firm/Company)  
286 S. Main St. SUITE 100  
(Address)  
Alpharetta GA 30201  
(City/State/Zip)

FILED  
96 DEC 31 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002025061--8  
-12/10/96--01137--007  
\*\*\*70.00 \*\*\*70.00

Should you need to call someone concerning this matter, please call:

MARILYN Freeman at ( 770 ) 569-1986  
(Name of Person) (Area Code & Daytime Telephone Number)

12/31

600002047116--9  
-01/07/97--01015--003  
\*\*\*1000.00 \*\*\*1000.00

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Sundra B. Mortham**  
Secretary of State

December 11, 1996

**MARILYN FREEMAN**  
**I.C. GALT WERKES, INC.**  
**286 S. MAIN ST., #100**  
**ALPHARETTA, GA 30201**

**SUBJECT: I.C. GALT WERKES, INC.**  
**Ref. Number: W96000025970**

We have received your document for I.C. GALT WERKES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$1000.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott  
Corporate Specialist Supervisor

Letter Number: 996A00055333

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:

1. T.C. GALT Werkes, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or  
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a  
natural person or partnership if not so contained in the name as presented.)

2. TENNESSEE 3. 62-1439150  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. JULY 17, 1990 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or  
"perpetual")

6. AUGUST 1991  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 286 S. MAIN ST. SUITE 100  
ALPHARETTA GA 30201  
(Current mailing address)

8. SUBCONTRACTOR to RESELL CABINETS  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301  
(Zip Code)

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.

Karen B. Rozar  
(Registered agent's signature)  
Karen B. ROZAR, as its agent

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.

FILED  
JUL 31 PM 4:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P. O. Box NOT acceptable)

A. DIRECTORS (Street address only - P. O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS (Street address only - P. O. Box NOT acceptable)

President: Steve Freeman

Address: 1100 Admiral Crossing  
Alpharetta GA 30202

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: MARILYN FREEMAN

Address: 1100 Admiral Crossing  
Alpharetta GA 30202

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

FILED  
96 DEC 31 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Marilyn Freeman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARILYN FREEMAN - Secretary  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Section**  
James K. Polk Building, Suite 1800  
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 11/22/1996  
REQUEST NUMBER: 3246-1703  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/17/1990  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0230699  
JURISDICTION: TENNESSEE

TO:  
MARILYN FREEMAN  
286 S. MAIN STREET  
SUITE 100  
ALPHARETTA, GA 30201

REQUESTED BY:  
MARILYN FREEMAN  
286 S. MAIN STREET  
SUITE 100  
ALPHARETTA, GA 30201

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"I. C. GALT WERKES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE, THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID, THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE, AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

**FILED**  
96 DEC 31 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/22/96

FROM:  
I. C. GALT WERKES, INC.  
P.O. BOX 2546  
BRENTWOOD, TN 37024-0000

RECEIVED: FEES \$10.00 \$10.00  
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00002034775  
ACCOUNT NUMBER: 00148110



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE