F00000005941

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/24

700003436707---1
-10/24/00--01053--012
*****70.00 *****70.00

***Corporation(s) Name***

700003436707---1
-10/24/00--01053--013
******8.75 ******8.75

Professional Drivers of Georgia, Inc.

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TALLAHASSEE, FLORIDA

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| | | |
|---|---|---|
| (X)Profit<br>( )Nonprofit | ( )Amendment | ( )Merger |
| (X)Foreign<br>( )LLC | ( )Dissolution<br>( )Withdrawal | ( )Mark |
| ( )Limited Partnership<br>( )Reinstatement<br>( )UCC ( ) 1 or ( ) 3 | ( )UBR<br>( )Fititious Name | ( )Other<br>( )Ch. RA |

***Special Instructions**

| | | |
|---|---|---|
| ( )Certified Copy<br>( )arts/ameds/mergers ( ) Other-See Above | ( )Photocopies | (X)CUS |
| (XXX)Walk in | (XXX)Pick-up | ( )Will Wait |

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*Please Return Filed Stamped Copies To:*

*Carol Clark*

***Thank You!***

MM 10/24

# 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. Professional Drivers of Georgia, 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 at present.)

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2. Georgia
(State or country under the law of which it is incorporated)

3. 58-2575346
(FEI number, if applicable)

4. 10/10/2000
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 10/29/2000
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1040 Crown Pointe Parkway, Suite 1040, Atlanta, GA 30338
(Principal office address)

same
(Current mailing address)

8. Provision of staffing services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.***

C T Corporation System

By: JENNIFER F AULTMAN ASSISTANT SECRETARY
(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.

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

**A. DIRECTORS** *SEE ATTACHMENT*

Chairman: Michael D. Long

Address: 12 Piedmont Center, Suite 210

Atlanta, GA 30305

Vice Chairman:

Address:

Director: Richard L. Cravey, Jr.

Address: 12 Piedmont Center, Suite 210

Atlanta, GA 30305

Director:

Address:

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Thomas A. Bickes

Address: 1040 Crown Pointe Parkway, Suite 1040

Atlanta, GA 30338

Vice President: Michael D. Long

Address: 12 Piedmont Center, Suite 210

Atlanta, GA 30305

Secretary: Shawn W. Poole

Address: 1040 Crown Pointe Parkway, Suite 1040 Atlanta, GA 30338

Treasurer: Shawn W. Poole

Address: 1040 Crown Pointe Parkway, Suite 1040 Atlanta, GA 30338

*SEE ATTACHMENT*

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

13. Michael D Long
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael D. Long, Vice President
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida

## Officers & Directors



1.
| | |
|---|---|
| Full Name: | Thomas A. Bickes |
| Officer/Director: | Officer |
| Officer's Title: | President/CEO |
| Business Address: | 1040 Crown Pointe Parkway, Suite 1040 |
| City: | Atlanta |
| State: | GA |
| ZIP Code: | 30338 |

2.
| | |
|---|---|
| Full Name: | Shawn W. Poole |
| Officer/Director: | Officer |
| Officer's Title: | CFO/Secty/Treasurer |
| Business Address: | 1040 Crown Pointe Parkway, Suite 1040 |
| City: | Atlanta |
| State: | GA |
| ZIP Code: | 30338 |

3.
| | |
|---|---|
| Full Name: | Richard L. Cravey, Jr. |
| Officer/Director: | Officer,Director |
| Officer's Title: | Assistant Secretary |
| Director's Title: | Other Director |
| Business Address: | 12 Piedmont Center, Suite 210 |
| City: | Atlanta |
| State: | GA |
| ZIP Code: | 30305 |

4.
| | |
|---|---|
| Full Name: | Michael D. Long |
| Officer/Director: | Officer,Director |
| Officer's Title: | Vice President |
| Director's Title: | Chairman |
| Business Address: | 12 Piedmont Center, Suite 210 |
| City: | Atlanta |
| State: | GA |
| ZIP Code: | 30305 |

5.
| | |
|---|---|
| Full Name: | Stayton PettyJohn |
| Officer/Director: | Officer |
| Officer's Title: | Assistant Secretary |
| Business Address: | 1040 Crown Point Parkway, Suite 1040 |
| City: | Atlanta |
| State: | GA |
| ZIP Code: | 30338 |

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

DOCKET NUMBER : 002940660
CONTROL NUMBER : 0045853
DATE INC/AUTH/FILED: 10/10/2000
JURISDICTION : GEORGIA
PRINT DATE : 10/20/2000
FORM NUMBER : 211

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TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM
SHARON SERCER
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**PROFESSIONAL DRIVERS OF GEORGIA, INC.**
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in 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.

Cathy Cox
Secretary of State