F04000002325

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
4/23 FPC				
CC				

Office Use Only



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04 #FU 23 FU N: 59

BOLDEN WILLIAMS

April 21, 2004

Florida Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Attention: Registration Division

To Whom It May Concern:

Enclosed are two (2) documents and corresponding fees for the following:

- 1. Bolden Engineers, Inc. Withdrawal Application with check for \$35.
- 2. Bolden Williams & Assoc., Inc. "Application by Foreign Corporation for Authorization to Transact Business in Florida" with our Georgia Certificate of Existence and a check for \$70.

Bolden Engineers, Inc. has closed out its corporation, and has formed a new corporation under the name of Bolden Williams & Assoc. Inc.

As we understand it you will send a letter of acknowledgement and a certificate of status for the withdrawal, and you will correspond/communicate with Ronald Bolden or Rhonda Williams of Bolden Williams & Assoc., Inc. regarding the new application.

Sincerely,

Telicia Golde

Felicia Bolden

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora				
SUBJECT: Bolden-Williams + Assoc., Inc. (Name of corporation - must include suffix)				
Dear Sir or Madam:	, ,	ŕ		
The enclosed "Application I" "Certificate of Existence", a transact business in Florida.	nd check are submitted to			
Please return all correspond	ence concerning this mat	ter to the following:		
Ronald L Bolden				
(Name of Person)				
Bolden-Williams + Assoc., Inc. (Firm/Company)				
(Firm/Company)				
3066 Hwy 29 South				
Lawrenceville, GA 30044-4210 (City/State and Zip code)				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Rhonda Williams at (470) 279 0413 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			ns	
	Callanda a and accept			
Enclosed is a check for the	tollowing amount:	•		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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 "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 20-05380//
(FEI number, if applicable) 4. 12-30-2003 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Upon Qualification
(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. 3066 Hwy 29 S. Lawrenceville, GA 30044

(Principal office address)

3066 Hwy 29 S. Lawrenceville, GA 30044

(Current mailing address) Design Business

rpose(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: <u>CT Corporation</u> System Office Address: 1200 South Pine Island Road 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.

- 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 Chairman: Address: Vice Chairman: Address: _ Address: _ Director: Address: **B. OFFICERS** President: Rangld L. Balden Address: 3066 Hwy 29 South Lawrenceville, GA 30044.4210 Vice President; Jeff Williams Address: ____ Lawnenceville, GA 30044-4210 Secretary: Rhanda Williams Address: 3066 Hwy 29 South Lawrenceville, GA 30044 Treasurer: Address: ____ NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) L. Bolden President

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

Secretary of State
Corporations Division
315 West Tower

#2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0400477
DATE INC/AUTH/FILED: 12/30/2003
JURISDICTION : GEORGIA
PRINT DATE : 04/16/2004
FORM NUMBER : 211

BOLDEN-WILLIAMS & ASSOCIATES, INC. RHONDA WILLIAMS 3066 HWY 29 S LAWRENCEVILLE, GA 30044

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 as of the above print date

BOLDEN-WILLIAMS & ASSOCIATES, INC A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040416141703705



Cathy Cox Secretary of State